



Registration Form

IFRS 4U

Please tick

5 or 6 April 2011 at InterContinental Mauritius Resort Balaclava Fort

Please tick

Mr Mrs Ms Dr Professor

Please complete in capital letter **1** One form per participant

Surname: _____

First Name: _____

Position / Job Title: _____ Organization: _____

Mailing Address: _____

Town / City: _____ Telephone: _____

Mobile: _____ Fax: _____

Email: _____ MIPA Membership No. _____

Veg Non-Veg

(Participation fee is MUR5,000)

I enclose a cheque / bankdraft for MUR made payable to "MIPA"

For bank transfers, see our bank details hereunder

Beneficiary: MIPA

Name: MPCB

Address: Head Office Port Louis

Account Number: 0110000777000001

Please invoice

Please email this duly filled-in form to mipasec@intnet.mu or bramruttan@mipa.mu or fax to 208 2547, Tel 208 2477.