



**Registration Form**

**ACCOUNTANTS AS STRATEGIC BUSINESS PARTNERS AND CONTRIBUTORS TO ECONOMIC DEVELOPMENT  
15-16 November 2010 | Hilton Resort & Spa | Mauritius**

Please tick

Mr

Mrs

Ms

Dr

Professor

Please complete in capital letter | One form per participant | All fields are required

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred name on event badge: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ Postal / Zip Code (if applicable): \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ ACCA Membership No. (if applicable) \_\_\_\_\_

MIPA Membership No. (if applicable) \_\_\_\_\_

CIMA Membership No. (if applicable) \_\_\_\_\_

Please tick as appropriate

Veg

Non-Veg

(Participation fee is MUR12, 500 or US\$420)

I enclose a cheque / bankdraft for MUR / US\$..... 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

Contact Name

Address (if different from above)

Tel

Email

Postcode (if applicable)

Fax

Please email this duly filled-in form to [info@mu.accaglobal.com](mailto:info@mu.accaglobal.com)