



REGISTRATION/HOTEL INFORMATION

1. FOUR EASY WAYS TO REGISTER:

- ① **WEBSITE:** Complete on-line registration form at www.investinthefinanceindustry.com
- ② **FAX:** (US) 1(202) 776-7315 - credit card information required for registration
- ③ **MAIL:** Mail registration form and payment to Attn: Hope Cummings, AFSA, 919 18th Street, NW, Suite 300, Washington, DC 20006-5517, USA.
Include cheque or credit card information
- ④ **ON-SITE:** (Visa, MasterCard, American Express, Discover and cheques accepted)

Please reproduce this form for additional registrants from the same company. Registration fees are in US dollars payable by check, credit card or wire transfer.

Name: Mr. Ms. _____ Badge Nickname: _____
Company: _____ Title: _____
Address: _____
City: _____ Province/State: _____ Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____ Mobile: _____
(Not for publication)

2. FEES (US\$) (Check the appropriate category and fee)

Rating Agency - AFSA Member	<input type="checkbox"/> \$425	Rating Agency - Non-AFSA Member	<input type="checkbox"/> \$525
Presenting Company	<input type="checkbox"/> \$425	AFSA Member (non presenting)	<input type="checkbox"/> \$600
Sponsoring Banks/Capital Markets	<input type="checkbox"/> \$700	Other: (please list) _____	<input type="checkbox"/> \$700
Non-Sponsoring Banks/Capital Markets	<input type="checkbox"/> \$1,500		

COMPLIMENTARY REGISTRATIONS (Subject to approval)

- | | | | |
|--|---|---|-----------------------|
| <input type="checkbox"/> CEO (presenting company) | <input type="checkbox"/> Capital Market Sponsor (2 per company) | <input type="checkbox"/> Investor/Analyst (duties include): | |
| <input type="checkbox"/> Exhibitor (1 per company) | <input type="checkbox"/> Rating Agency Sponsor (2 per company) | • Sell Side Analyst | • Bank Credit Analyst |
| <input type="checkbox"/> Presenter (2 per company) | | • Buy Side Analyst | • Portfolio Manager |

3. PAYMENT (Complete information and provide signature)

- Charge my registration fee: Cheque enclosed (please make payable to AFSA)
 American Express Visa MasterCard Discover

Account # _____ Expiration Date: _____
Name of cardholder: _____ CVC # _____
Authorized Signature: _____

TOTAL: \$ _____

3. HOTEL

LONDON HILTON ON PARK LANE
22 Park Lane • London W1K 1BE

Please contact the London Hilton on Park Lane directly to reserve your guest room, a credit card is required to guarantee the first night's room and tax. Call 011 44 207 493 8000. The hotel must receive reservation requests by 11 April in order to receive the AFSA room rate. Reservations are made on a space available, first-come, first served basis. Rates are per room, per night, (VAT not included). This rate includes English breakfast. (Please note: a small portion of the room rate is used to offset conference expenses).

£214 - Single Room/ £239 - Double Room (VAT not included/English Breakfast included)
Deluxe room at £40 extra per night/Executive room at £90 extra per night

HOTEL DEADLINE IS 11 APRIL 2010

REGISTRATION CANCELLATIONS AND REFUNDS

All cancellations and refund requests must be made in writing to Ms. Hope Cummings at hcummings@afsamail.org

Through 11 April - FULL REFUND
From 11-23 April - \$100 SERVICE FEE RETAINED
After 23 April - NO REFUNDS (SUBSTITUTIONS WELCOME)

Non-Member Finance Companies call Sheilah Harrison at 1 (202) 466-8602 or e-mail: sharrison@afsamail.org for registration fees.