



**International Fishmeal and Fish Oil Organisation
CONFERENCE REGISTRATION/ACCOMMODATION BOOKING FORM
2008 ANNUAL CONFERENCE, SAN DIEGO, CALIFORNIA: 27-30 October**



PERSONAL DETAILS

*Family Name:
 *First Name: Title (Mr/Mrs/Ms/Other):
 *Company Name: *Job title:
 Street:
 Town/City: Zip/Post Code: Country:
 *Tel: *Fax: *e-mail:
 *Name of Companion:
***This information will appear on the list given to all delegates— if we should contact you on a different telephone number or if information should be sent to or copied to another e-mail address please show below.**
 e-mail Telephone
 Will you be attending the Welcome Reception on 27th October? Yes No
 Will you be attending the Gala Dinner on 29th October? Yes No

REGISTRATION

	Amount payable in US Dollars (\$)	FEES Category	Fees paid on or before 29 Aug 2008*	Fees paid after 29 Aug 2008
Registration fee		Member	\$1,300*	\$1,600
Companion		Non Member	\$2,600*	\$2,900
TOTAL Payable		Companion	\$400*	\$500

ACCOMMODATION

	US\$			US\$	
Victorian Building	Victorian Non View	259	California Cabanas	Resort Non View	265
	Resort Garden View	270		Resort Pool View	279
	Victorian Run of Ocean View	315		Resort Run of Ocean View	315
	Ocean Towers	Junior Suite Non View	350	Resort Non View	265
		Junior Suite Run of Ocean View	450	Resort Run of Ocean View	315
		Signature Suite Run of Ocean View	550	Resort Suite Run of Ocean View	550

Arrival date:
 Departure date:
 Special requests:
 Please tick if 2 beds required
 Accommodation not required
 Please note room rates are subject to federal, state, and local taxes (currently 8%), and do not include breakfast. In addition, a Daily Resort Charge of \$15.00 per room will be automatically added to each room's folio. See Conference brochure for further information and bank account details.
 The Group Room rates apply from 21 October to 3 November.

PAYMENT

Payment Method (see Conference brochure for bank account details)
Registration fee (US\$): Credit Card: Cheque Bank Transfer
Hotel Guarantee (US\$): Credit Card: Cheque Bank Transfer
CREDIT CARD: Visa Mastercard American Express (we can only accept these)
Card No. Security Code
Card in the name of: Expiry date (mm/yy)

Charges to credit cards will be made after 15th August.

By sending this form you confirm that you have read and accept our registration and cancellation conditions.

Please complete this form and forward it to: IFFO Limited, 2 College Yard, Lower Dagnall Street, St. Albans, Herts, AL3 4PA, U.K.
Fax: +44 1727 842 866 or e-mail: secretariat@iffo.net