

ASIA PACIFIC PAY-TV OPERATORS SUMMIT



A DELEGATE DETAILS

DELEGATE 1

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E-mail: _____ Tel: _____

DELEGATE 2

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E-mail: _____ Tel: _____

To register more than 2 delegates, please use the space on the next page.

B ORGANISATION DETAILS

Organisation Name: _____

Industry: _____

Address: _____

City: _____ State: _____

Postal / Zip Code: _____ Country: _____

Primary Contact Person: _____

E-mail: _____

Tel: _____ Fax: _____

C PAYMENT DETAILS

I wish to register _____ (number of) delegates.

Total amount: US\$ _____

D PAYMENT METHODS

Telegraphic Transfer

For clients based outside of Hong Kong, please pay by telegraphic transfer:

Account Name: Media Partners Asia Limited

Bank: HSBC

Bank Address: Lyndhurst Terrace Branch, Shop E,
G/F Lyndhurst Terrace, Central, Hong Kong

Account Number: 808 117 980 838

Swift Code: HSBCHKHHHKH

Bank Code: 004

Cheque made payable to: Media Partners Asia Limited

Credit Card (AMEX/MasterCard/VISA)

We will contact you for transaction processing.

REGISTRATION FEES

Include access to all conference sessions; breakfast, lunch, dinner and cocktails; and conference documentation including presentations, reports and related items.

1-2 delegates

US\$1,295 per person

3-4 delegates

US\$1,100 per person

MEDIA ROUTE 26 subscribers: 10% off for first two delegates

Group discounts for 5 delegates or more are available upon request

REGISTRATION CONFIRMATION AND FURTHER DETAILS

Please send your registration to:

Reagan Chan

Media Partners Asia, Ltd.

Suite 13A, 50 Stanley Street

Central, Hong Kong

T: +852 2815 8321

F: +852 2815 8730

reagan@media-partners-asia.com

CANCELLATIONS AND SUBSTITUTIONS

Cancellations received in writing before April 29th, 2011, will incur a penalty charge of 50% of the delegate fee. After this date no refunds will be made, but substitutions will be accepted at no extra charge. We would appreciate prior notification of substitute participants.

SUMMIT VENUE

Ayana Resort and Spa

Jl. Karang Mas Sejahtera

Jimbaran, Bali 80364, Indonesia

Tel: +62-361-702222

Fax: +62-361-701555

www.ayanaresort.com

HOTEL ACCOMMODATION

Please visit here for more details

[CLICK HERE TO SUBMIT FORM](#)

— OR —

[FAX TO +852 2815 8730](#)

ASIA PACIFIC PAY-TV OPERATORS SUMMIT



A DELEGATE DETAILS

DELEGATE 3

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 4

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 5

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 6

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 7

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 8

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 9

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

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