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| **Registration Form** | | | | | | | | | |
|  | | **The International Association of Insolvency Regulators (“IAIR”)** | | | | | | | |
| **2024 ANNUAL CONFERENCE and GENERAL MEETING**  **Modernizing Insolvency Practices to Address Future and Present Demands**  **1st – 4th September 2025 – Santiago, Chile**  **Hosted by the Superintendencia de Insolvencia y Reemprendimiento** | | | | | | | | | |
| **Closing deadline for registration: Friday 25th July 2025**  Please send completed registration forms to [secretariat@insolvencyreg.org](mailto:secretariat@insolvencyreg.org). | | | | | | | | | |
| **Please submit one registration form per delegate and please complete all 3 pages**.  An invoice will be issued on receipt of this registration form. Delegate places are not confirmed until full payment has been received by bank transfer.  By submitting this conference registration form you are accepting all the conference terms and conditions included in the conference brochure and committing to paying the delegate fees. | | | | | | | | | |
| **Delegate Details** | | | | | | | | | |
| **IAIR Membership Name/Organisation:** | | | |  | | | | | |
| **Title:**  **(Mr, Miss, Mrs etc)** |  | | | **First Name:** | |  | | **Surname:** |  |
| **Name (as you wish it to appear on your delegate badge):** | | | | | |  | | | |
| **Organisation Name:** | | | |  | | | | | |
| **Job Title:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **Postal Code:** |  | | | | **Country:** | |  | | |
| **Tel:** |  | | **Fax:** | |  | | **Email:** |  | |

*The registration fee covers three days’ attendance at the conference on 1-4 September 2025, conference refreshments and lunches on 2-4 September, the tour on Monday 1 September, the welcome reception on 1 September 2025, the formal dinner on Tuesday 2 September 2025 and the informal dinner on Wednesday 3 September 2025.*

*Non-members may attend the conference, by invitation of the Executive Committee, but may not attend the Annual General Meeting.*

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| **Accompanying Person Details** | | | | | |
| Title  (Mr, Miss, Mrs etc): |  | First Name: |  | Surname: |  |
| Name (as you wish it to appear on the badge): | | |  | | |
| Please indicate here if you wish to have a separate invoice for the accompanying person as you wish to pay separately for them | | |  | | |

*The accompanying person registration fee covers attendance at the tour on Monday 1 September, the welcome reception on 1 September 2025, the formal dinner on Tuesday 2 September 2025 and the informal dinner on Wednesday 3 September 2025.*

*Registered accompanying persons attending the social functions must be aged 21 or over and are defined as a participant’s spouse or other personal relation who does not have a business interest in the conference.*

*Please note accompanying persons can’t attend the actual conference sessions.*

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| **Social Functions:**  *Please tick the box(es) to indicate if you will be attending the following social functions:*  Tour on 1 September 2025 Welcome Reception on 1 September 2025  Formal Conference Dinner on 2 September 2025  Informal Dinner on 3 September 2025 |
| Please note it is helpful to the organisers in terms of planning for numbers to know if you will not be able to attend any of these events. |
| **Hotel:** |
| *For our records, please indicate which hotel you will be staying at:* |
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| **Mobility Requirements and Dietary Restrictions** |
| *We strive to accommodate all delegate needs to ensure a safe and positive experience. To make the necessary arrangements with the venues, we do request advance notice of any specific requirements for all delegates and accompanying persons.* |
| 1. *Please let us know if you have any mobility or access requirements for this event and specify any accommodations you may need.* 2. *Please let us know if you have any dietary requirements (e.g. vegan, vegetarian) or any restrictions due to food allergy, intolerance, medical condition or religion (e.g. peanut allergy, dairy-free, gluten-free, Halal)* |

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| **Workshop Sessions**  It is helpful to have an indication of workshop preference so that we can arrange the rooms to accommodate the expected number of delegates. There are four workshop sessions planned – please indicate your preferred workshop for each of four sessions.  **Workshops 1** Day 2 – Tuesday 2 September - 14.00-15.00 -  **Please choose one** of the two options:   1. **Cybersecurity** 2. **Stigma**   **Workshops 2 –**Day 3 – Wednesday 3 September - 09.50 -10.50 -  **Please choose one** of the two options:   1. **Fraud, Enforcement, and Compliance** 2. **Mental Health and Insolvency………………… ……………**   **Workshops 3 –**Day 3 – Wednesday 3 September - 13.10-14.10 -  **Please choose one** of the two options:   1. **Small and Medium Enterprises (SMEs)** 2. **Environmental and Social Aspects**   **Workshops 4 –**Day 4 – Thursday 4 September – 09.20 -10.15 -  **Please choose one** of the two options:   1. **Financing and Financial Restructuring** 2. **Supervision and Capacity Building** | | | | |
| **Registration Fees:**  *An invoice will be issued on receipt of this registration form and any other forms from the same member/country. It is expected that one invoice will be issued to cover all delegates from a member/country.* | | | | |
| IAIR Member (£625) | | Non-Member (£975) | Accompanying Person (£500) | |
| **Payment will need to be made byBank Transfer by the dates given in the conference brochure.**  Please make your payment to: | | | | |
| Bank Account Name: | The International Association of Insolvency Regulators | | | |
| Bank Account Sort Code: | 40-12-03 | | | |
| Bank Account Number: | 4166 1906 | | | |
| Bank Account Address: | HSBC, North Street, Bishops Stortford, Hertfordshire, CM23 2LP, UK | | | |
| IBAN: | GB43 HBUK 40120341661906 | | | |
| Swift: | HBUK GB4B | | | |
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|  | | | | **Amount Payable** |
| IAIR Member Registration Fee (£625) | | | |  |
| Non-Member Registration Fee (£975) | | | |  |
| Accompanying Person Fee (£500) | | | |  |
| ***Total Amount*** | | | |  |
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