



CAAACM

Caribbean Association of Audit Committee Members Inc.

3rd Annual Meeting, Pre-conference Training & Conference
Bay Gardens Hotel
Rodney Bay
SAINT LUCIA

July 15th – 19th, 2009

***AUDIT COMMITTEES:
RESPONDING TO GLOBAL CHALLENGES***

In Association with:



Caribbean Association of Indigenous Banks Inc

REGISTRATION PACKAGE

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Conference Overview and Concept

Caribbean Association of Audit Committee Members Inc (CAACM) was formed in June 2006 with the overall objective of improving the investment environment in the Caribbean region, and increasing investor confidence in the integrity of financial reporting and investor information through the continuous development of audit committee members.

The requirements and practices of audit committees have evolved significantly in the past few years with greater importance being placed on the effectiveness and accountability of its members.

Our Third Annual Meeting, Pre-Conference Training & Conference has been planned around the theme ***Audit Committees: Responding to Global Challenges***, and will provide a forum for **existing/potential audit committee members, company directors and internal audit personnel** in the Caribbean to meet and discuss recent developments in the regulatory environment as it relates to financial reporting, and in particular compliance to key standards and other topical issues that affect audit committees and their effective operation.

The **Pre-Conference Training** session is part of an educational programme for audit committee members and directors - both new and more experienced - who would like to enhance their knowledge and understanding of audit committee responsibilities and activities.

This year, the training shall focus on the Audit Committee's "***Relationship with the External Auditor***", and shall examine such themes as audit committee communications and reporting responsibilities, key areas of internal / external auditor discussions, and the parameters of a healthy and effective relationship between the audit committee and external auditors.

The **Conference Agenda** takes an all-important look at the ongoing crisis within our global economy, and examines its impact on the audit committee function. Implementing a case study approach, the agenda will address the following topics:

- The audit committee function in an era of increased oversight;
- Understanding the risk & maintaining controls: A case study approach
- Examining the pressure of competition & new product development
- Restructuring the corporate framework to strengthen the audit committee
- Liquidity is key – access to capital & cash flow
- Examining portfolio vulnerability – identifying & quantifying exposures
- Future success: Setting the agenda

Our specially selected presenters and panellists will deliver addresses, share their knowledge and experience and give meaningful feedback in discussion forums, in an effort to better equip audit committee members in their quest of "***Responding to Global Challenges.***"



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FAX REGISTRATION FORM

(PLEASE TYPE OR PRINT IN BLOCK LETTERS)

GENERAL INFORMATION

Name: _____

Name to Appear on Name Badge: _____

Title: _____ E-mail: _____

Company: _____

Address: _____

City/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

- Please reserve my place at the 2009 CAACM Annual Meeting (**members only**).
- Please reserve my place at the 2009 CAACM Pre-conference Training Session.
- Please reserve my place at the 2009 CAACM Conference.
- Please reserve my place on the Networking Intellectual Exchange Day-Cruise

I will be staying at the:-

Bay Gardens Hotel () Bay Gardens Inn ()

(Please visit www.caacm.com to download Registration Package)

- I will be accompanied by my spouse. Name of Spouse: _____
- I cannot attend.

SPECIAL INFORMATION

If you are not staying at any of the mentioned Hotels, please indicate where you will be staying while you are in Saint Lucia attending the 2009 CAACM Annual Meeting, Pre-conference Training and Conference.

Name of Hotel/Private Residence: _____

Address: _____

Telephone No.: _____ Fax: _____

Arrival Date: _____ Departure Date: _____

Physical disabilities requiring special facilities: _____

Please specify any food preferences/intolerance and allergies _____

N.B. Incidental charges - phone calls, laundry, mini bar and other personal expenditure are not included.

REGISTRATION FEES

Category	No. of Delegates	Cost/Delegate (US\$)	AMOUNT
CAACM: Training		275.00	
CAACM: Conference		150.00	
Non-Member: Training		350.00	
Non-Member: Conference		200.00	
Accompanying Spouse		150.00	
Networking Intellectual Exchange – Catamaran Cruise		100.00	
TOTAL			

METHODS OF PAYMENT

Bankers Draft

(Please make drafts payable to: CARIBBEAN ASSOCIATION OF AUDIT COMMITTEE MEMBERS INC)

CANCELLATION

A cancellation fee of US\$100 is payable if written cancellation is received on or before July 04, 2009; this will be deducted from amounts paid. No refunds will be payable from July 05, 2009.

NO TELEPHONE CANCELLATIONS/ NO REFUNDS FOR NO-SHOWS.

PLEASE RETURN THIS FORM BY FAX TO:

Miss Shannez Rattie

CAACM Secretariat

c/o Caribbean Association of Indigenous Banks Inc (CAIB)

Fax : (758) 452 2878 E-mail: caib@candw.lc

Your reservation will be booked upon receipt of your Registration Form and confirmation forwarded to your office in due course. Please make copies of this form for reference.



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HOTEL RESERVATION FORM



Bay Gardens Inn
A Tropical Paradise



Bay Gardens Hotel
Simply Intimate, Simply Unique, Simply Caribbean

FIRST NAME: _____

LAST NAME: _____

CONTACT INFORMATION:

MAILING ADDRESS: _____

TEL NUMBER _____ FAX NUMBER: _____

EMAIL ADDRESS:

ROOM MATE (if applicable): _____

DATE OF ARRIVAL: ____/____/2009 FLIGHT NO. & TIME: _____

DATE OF DEPARTURE: ____/____/2009 FLIGHT NO. & TIME: _____

NO. OF NIGHTS: _____ NO. OF PERSONS: _____ NO. OF ROOMS: _____

SPECIAL REQUESTS: _____

GUARANTEE OF RESERVATION:

To guarantee your reservation please return the completed reservation form by June 30, 2009 with a 3-night payment for each room.

METHOD OF PAYMENT

CREDIT CARD:			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover

CARD NO: _____ EXP. DATE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

SIGNATURE: _____

CANCELLATION: -

Should your travel plans change, please advise us in writing. Cancellations received after July 5, 2009 will incur a 1-night penalty. Cancellations received on/after July 8, 2009 or "no show" will incur a 3-night penalty. We strongly recommend that you purchase flight insurance to cover any unforeseen circumstances and protect against loss of your deposit.

PLEASE RETURN THIS FORM BY FAX TO:
Miss Shannez Rattie
CAACM Secretariat
c/o Caribbean Association of Indigenous Banks Inc (CAIB)
Fax : (758) 452 2878
E-mail: caib@candw.lc

Your reservation will be booked upon receipt of your registration form and confirmation forwarded to your office soon after. Please make copies of this form for reference.

HOTEL ROOM RATES (US\$)

BAY GARDENS HOTEL

Website: www.baygardenshotel.com

Telephone: 1 (758) 452 8060

	STANDARD
SINGLE []	\$135.00 []
DOUBLE []	\$155.00 []

BAY GARDENS INN

Website: www.baygardensinn.com

Telephone: 1 (758) 452 8200

	STANDARD
SINGLE []	\$135.00 []
DOUBLE []	\$155.00 []

****The above rates are quoted in US Dollars and are inclusive of: 10% service charge, 8% government tax and full breakfast per room per day.***

DRESS CODE

Cocktail party : Elegantly casual

Pre-Conference Training
& Conference : Business casual

- Ladies: polo shirt and business pants/skirt (e.g.)
- Gents : polo shirt and business pants (e.g.)



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ARRIVAL INFORMATION

(Please complete in BLOCK letters)

NAME: _____

COMPANY: _____

COUNTRY OF ORIGIN: _____

NUMBER OF PERSONS ACCOMPANYING DELEGATE: _____

AIRLINE CARRIER: _____ ARRIVAL DATE: ____/____/2009
DD MM

FLIGHT NUMBER: _____ ARRIVAL TIME: _____ A.M./P.M.

PIECES OF LUGGAGE (including Hand Luggage): _____

OTHER COMMENTS: _____

TRANSPORTATION NEEDED: () YES () NO

DEPARTURE INFORMATION

(Please complete in BLOCK letters)

NUMBER OF PERSONS ACCOMPANYING DELEGATE: _____

AIRLINE CARRIER: _____ DEPARTURE DATE: ____/____/2009
DD MM

FLIGHT NUMBER: _____ DEPARTURE TIME: _____ A.M./P.M.

PIECES OF LUGGAGE (including Hand Luggage): _____

OTHER COMMENTS: _____

TRANSPORTATION NEEDED: () YES () NO

Delegate's Signature