CAACM
Caribbean Association of Audit Committee Members Inc.

1st Annual Meeting, Pre-Conference Training & Conference

Bay Gardens Hotel
Rodney Bay
SAINT LUCIA

June 21 – 22, 2007

AUDIT COMMITTEES:
Making Corporate Governance Work in the Caribbean

REGISTRATION PACKAGE

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.

Our First Annual Meeting, Pre-Conference Training & Conference has been planned around the theme ***Audit Committees: Making Corporate Governance Work in the Caribbean***, and will provide a forum for **existing/potential audit committee members, company directors** and **internal audit personnel** in the Caribbbean to meet and discuss matters in relation to the development of corporate governance initiatives in the region, and in particular issues which 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. The curriculum will include:

- The role and responsibilities of the audit committee
- Audit committee interactions with CEO, management, internal and external auditors, IT directors and regulatory agencies
- The regulatory environment and requirements for financial disclosures
- An update on current accounting principles and issues
- Fiduciary responsibilities and minimizing legal exposure

The **Conference** emphasises the need to maximize excellence in corporate governance through the examination and discussion of issues critical to audit committee effectiveness, such as:

- Earnings Management
- IT Governance
- IFRS Implementation
- BASEL II Capital Accord
- Institutional and Regulatory Challenges to Caribbean Audit Committee Effectiveness
- Audit Committee Executive Sessions & Self-Assessment
- Audit Committee Selection Process & Independence.

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 *"Making Corporate Governance work in the Caribbean."*

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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 2007 CAACM Annual Meeting (**members only**).

☐ Please reserve my place at the 2007 CAACM pre-Conference Training Session.

☐ Please reserve my place at the 2007 CAACM Conference.

☐ I will be staying at the:-

Bay Gardens Hotel ( ) Bay Gardens Inn ( )

(Please visit www.caacm.com to see details on the selected resorts properties)

☐ 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 2007 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**
Member: Training		275.00	
Member: Conference		150.00	
Non-Member: Training		350.00	
Non-Member: Conference		200.00	
Accompanying Spouse		150.00	
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 June 14, 2007; this will be deducted from amounts paid. No refunds will be payable from June 15, 2007.
NO TELEPHONE CANCELLATIONS/ NO REFUNDS FOR NO-SHOWS.

PLEASE RETURN THIS FORM BY FAX TO:

Miss Cheryl Delice
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

www.baygardensinn.com www.baygardenshotel.com

FIRST NAME: _____

LAST NAME: _____

CONTACT INFORMATION:

MAILING ADDRESS: _____

TEL NUMBER _____ FAX NUMBER: _____

EMAIL ADDRESS:
_____

ROOM MATE (if applicable): _____

DATE OF ARRIVAL: ____/____/2007 FLIGHT NO. & TIME: _____

DATE OF DEPARTURE: ____/____/2007 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 May 15, 2007 with a 3-night payment for each room.

METHOD OF PAYMENT

CREDIT CARD:

☐ Visa ☐ Master Card ☐ American Express ☐ 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 June 15, 2007 will incur a 1-night penalty. Cancellations received on/after June 18, 2007 or "no show" will incur 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 Cheryl Delice
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*		SUPERIOR*		JR. EXECUTIVE*	
SINGLE [ ]	130.00	[ ]	140.00	[ ]	150.00	[ ]
DOUBLE [ ]	140.00	[ ]	150.00	[ ]	160.00	[ ]

BAY GARDENS INN
Website: www.baygardensinn.com
Telephone: 1 (758) 452 8200

	STANDARD*		SUPERIOR*		JR. EXECUTIVE*	
SINGLE [ ]	115.00	[ ]	115.00	[ ]	115.00	[ ]
DOUBLE [ ]	120.00	[ ]	120.00	[ ]	120.00	[ ]

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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: _____/_____/2007
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: ____/____/2007
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