

DERIVATIVE AND FAIR VALUE CONFERENCE

REGISTRATION FORM

Online registration is available at www.sirsol.com/derivativeconference. To reserve your place, contact Samilla Seales, 713.888.7269 or hedge@sirsol.com. To register by mail or fax, please complete the following form.

Sirius Solutions, L.L.P.
Attn: Derivative and Fair Value Conference
1233 West Loop South, Suite 1800
Houston, Texas 77027
Fax: 713.888.0488

REGISTRANT INFORMATION

FIRST NAME: _____	LAST NAME: _____
COMPANY NAME: _____	JOB TITLE: _____
COMPANY ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
BUS. PHONE: _____	ALT. PHONE: _____
ELECTRONIC ADDRESS: _____	

PAYMENT INFORMATION

PRE-CONFERENCE WORKSHOP: <input type="checkbox"/> \$395	EARLY REGISTRATION DISCOUNT: <input type="checkbox"/> \$350 <small>(APPLICABLE FOR TWO DAY CONFERENCE ONLY) (REGISTER BY AUGUST 7, 2009)</small>	TOTAL AMOUNT ENCLOSED <small>(INDICATE BELOW)</small>
TWO DAY CONFERENCE: <input type="checkbox"/> \$1395	CLIENT DISCOUNT: <input type="checkbox"/> 10%	\$ _____
HOTEL DEREK ROOM RESERVATION: <input type="checkbox"/> \$169 PER NIGHT		
<small>**ATTENDEE RESPONSIBLE FOR PAYMENT **LIMITED NUMBER OF ROOMS</small>		

CREDIT CARD INFORMATION

PAYMENT METHOD: <small>(CHECK ONE)</small>	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD		
CREDIT CARD TYPE: <small>(CHECK ONE)</small>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
CREDIT CARD NUMBER:	_____			
EXPIRATION DATE:	_____			
CCV NUMBER:	_____			
BILLING ADDRESS: <small>(IF DIFFERENT FROM ABOVE)</small>	_____			
CITY:	STATE:	ZIP:	_____	

Registration payments are fully refundable 45 days prior to the event. A 50% cancellation fee will be assessed for all cancellations after that date.