



MEETING REGISTRATION FORM

Mackrell International Americas Regional Business Meeting 2024, 8th - 10th November 2024

Dates: 8th – 10th November 2024 - Renaissance São Paulo

Complete and return by **7th October 2024 latest** to MI HQ. Email to: mackrell.hq@mackrell.net

Name of Delegate:	
Name of Firm:	
Email:	
Preferred Name for Badge:	
Special Dietary Requirements:	
Accompanying Person:	
Preferred Name for Badge:	
Special Dietary Requirements:	

I confirm I will book the Renaissance Sao Paulo Yes No
(delete as appropriate)

I confirm I will pay the fees due to the host bank account detailed below Yes No
(delete as appropriate)

Optional Churrasco lunch Delegate Yes Delegate No AP yes AP no

FEES Delegate Fee – USD 590 Accompanying Person Fee – USD 520
Additional cost of optional Churrasco Lunch on Friday 8th November Per Person – USD 70
Payable by bank transfer no later than **7th October 2024**

Note: It will be assumed that you and your accompanying person wish to be included in the full conference programme. No refund of fees can be given for late arrival, early departure or non-appearance, unless the organisers are informed in writing before **7th October 2024**.

FEES SHOULD BE PAID TO THE HOST'S BANK ACCOUNT AS FOLLOWS:

Beneficiary Account name: VELLOZA ADVOGADOS ASSOCIADOS
Beneficiary Office address: Alameda Santos, n^o 960, 17^o andar, Cerqueira César, São Paulo/SP, Brasil, CEP 01418-002
Bank name: BANCO RENDIMENTO SA
Bank address: Edifício Eldorado Business Tower - Av. Rebouças, 3970 – 10^o andar - Pinheiros, São Paulo/SP, Brasil, CEP 01451-905
Swiftcode: RENDBRSP
Beneficiary Full Account No - IBAN: BR9668900810000017171420801G1

Please use full IBAN number as the Bank Account number whenever possible.

Reference: Delegate Name **AND** Firm Name

If required:

Intermediary Institution Name: Bank of America
Intermediary Institution Address: 222 BROADWAY, NEW YORK, UNITED STATES
Swiftcode: BOFAUS3N
Beneficiary Account Number: 6550925836 **but whenever possible use the full IBAN number above**



Important Registration Information

Mackrell International Americas Regional Business Meeting 2024, 8th – 10th November 2024

Meeting Registration

Please download and complete the Registration Form and email it to Mackrell International HQ at mackrell.hq@mackrell.net

Hotel Booking

Hotel Booking

A block booking has been arranged at the [Renaissance São Paulo](#).

We strongly recommend you book your hotel room as soon as possible to avoid disappointment as room numbers are limited and many delegates have expressed an interest in attending.

Note:

After **7th October** all unreserved rooms will be removed from the Block Booking, after that rates are subject to availability.

To book your accommodation: Please use the [online booking link](#):

Hotel Guest Room Rate incl discount:

Single room per night **USD215** plus taxes incl. breakfast

Double room per night **USD245** plus taxes incl. breakfast

Hotel Guest Room Cancellation Policy:

Rooms can be cancelled up to **7th October** free of charge.

Delegate Fees

Delegate fee: USD 590

Accompanying Person fee: USD 520

Additional cost of optional Churrasco Lunch on Friday 8th November Per Person – USD 70

Fees are payable by bank transfer no later than **7th October 2024**

Note: It will be assumed that you and your Accompanying Person wish to be included in the full conference programme. No refund of fees can be given for late arrival, early departure or non-appearance, unless the organisers are informed in writing before **7th October 2024**

Fees should be paid to the Host's Bank account as follows:

Beneficiary Account name:

VELLOZA ADVOGADOS ASSOCIADOS

Beneficiary Office address:

Alameda Santos, nº 960, 17º andar, Cerqueira César, São Paulo/SP, Brasil, CEP 01418-002

Bank name:

BANCO RENDIMENTO SA

Bank address:

Edifício Eldorado Business Tower - Av. Rebouças, 3970 - 10º andar - Pinheiros, São Paulo/SP, Brasil, CEP 01451-905

Swiftcode:

RENDBRSP

Beneficiary Full Account No - IBAN:

BR9668900810000017171420801G1

Please use full IBAN number as the Bank Account number whenever possible.

Reference:

Delegate Name AND Firm Name

If required:

Intermediary Institution Name:

Bank of America

Intermediary Institution Address:

222 BROADWAY, NEW YORK, UNITED STATES

Swiftcode:

BOFAUS3N

Beneficiary Account Number:

6550925836 but whenever possible use the full IBAN number above