

COMBINED REGISTRATION FORM



I WISH TO REGISTER FOR:

- WHF ID ONLY
 WHF ID & FOSECO (AT DISCOUNTED RATE)
 FOSECO ONLY

PLEASE FILL IN AND RETURN TO THE FOSECO/WHF ID SECRETARIAT:

31-2 PLAZA CRYSTALVILLE, JALAN 22A/70A, DESA SRI HARTAMAS, 50480 KUALA LUMPUR MALAYSIA TEL: +6 03 6203 1025 FAX: +6 03 6203 4072

COMPANY / INDIVIDUAL / ORGANISATION DETAILS

Name _____
 Address _____
 _____ Website _____
 City _____ Postcode _____ Country _____
 Phone _____ Fax _____ Email _____

I/We wish to redeem 1night complimentary accommodation on 23rd November or 28th November

DELEGATE DETAILS

DELEGATE 01

Title _____
 Full Name _____
 Job Title _____
 Phone _____
 Fax _____
 Email _____

DELEGATE 02

Title _____
 Full Name _____
 Job Title _____
 Phone _____
 Fax _____
 Email _____

DELEGATE 03

Title _____
 Full Name _____
 Job Title _____
 Phone _____
 Fax _____
 Email _____

DELEGATE 04

Title _____
 Full Name _____
 Job Title _____
 Phone _____
 Fax _____
 Email _____

> Please use additional sheet if registering more delegates

FOSECO AND WHF ID FEES	FOSECO (RM)	WHF ID (RM)
• EARLY BIRD (15TH OCT 2008)	1,350	1,350
• DELEGATES	1,550	1,550
• GROUP RATE (+3)	1,250	1,250

**COMBINED REGISTRATION FOR BOTH :
 RM2,000 PER DELEGATE**

PAYMENT OPTIONS

I/We hereby enclose a Malaysian Cheque or Bank Draft for _____ made payable to **KasehDia Sdn Bhd**.
 I/We have transferred the sum of _____ to **KasehDia Sdn Bhd** account at HSBC BANK MALAYSIA, LEVEL 2,
 BANGUNAN HSBC, NO.2 LEBUH AMPANG, 56100 KUALA LUMPUR, MALAYSIA. Tel: +603 2050 7878
 Account Number: **001-219153-021**, Swift Code: **HBMBMYKL**. A copy of payment/ transfer slip attached.

I/We wish to register and agree to abide by all terms and conditions of FOSECO/WHF ID. I/We understand admittance will only be permitted upon full payment and will bring along proof of payment to the forum. (Confidentiality of your information is assured.)

Name	
Signed	Date: