



Halal International Conference



CONFERENCE CONFIRMATION FORM

Contact Name: _____ Company Name: _____

Address: _____

State: _____ Post Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Website: _____

Other Participant: _____

COMPANY CATEGORY (Please tick)

- | | | |
|---|--|---|
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Banking Finance | <input type="checkbox"/> Certification Agency |
| <input type="checkbox"/> Cosmetic & Body Care | <input type="checkbox"/> Education | <input type="checkbox"/> Media & Technology |
| <input type="checkbox"/> Travel & Hospitality | <input type="checkbox"/> Transportation | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Poultry, Meat, Dairy & Agriculture | <input type="checkbox"/> Government | <input type="checkbox"/> Others |

CONFERENCE FEE	METHOD OF PAYMENT
Single AUD \$380.00 (inc GST) 2 days Conference EARLY BIRD SPECIAL Payment by 28th Sep 2007 @ AUD \$330.00 inc GST per person Conference includes Morning Tea, Luncheon Afternoon Tea	1. Cross corporate Cheque/Bank Cheque/ Money Order to INTERNATIONAL HALAL MANAGEMENT PTY LTD 2. ELECTRONIC FUNDS TRANSFER ACCOUNT NAME: INTERNATIONAL HALAL MANAGEMENT BSB: 013 270 ACCOUNT: 494 615 717 3. CREDIT CARD Type: VISA/Mastercard Name: _____ Number: _____ Expiry: _____

PAYMENT TERMS

Places are not confirmed until payment is made. To be paid within 7 days of submission

Name: _____

Signature: _____ Date: _____