

DELEGATE REGISTRATION FORM

19th – 21st March 2019
Gulf Convention Centre, Gulf Hotel Bahrain

CONTACT INFORMATION

COMPANY NAME:

CONTACT PERSON:

POSITION:

OFFICE TELEPHONE:

FAX NO:

MOBILE NO:

EMAIL ADDRESS:

ADDRESS:

P.O. BOX:

PARTICIPATION INCLUSION

- ✓ Entitled to attend the conference and desired workshop
- ✓ Lunch and coffee break access
- ✓ Access to the exhibition
- ✓ Certificate of attendance
- ✓ Conference Booklet

Name	Designation	Mobile	Telephone	Email

TERMS and CONDITIONS

1. The Organizer reserves the right to change the topic of the conference and workshop with prior notice to the participant one week before the event.
2. Participation is confirmed after signing the registration form.
3. The organizer is not liable for any damages, theft, or loss of the participant's property that occurs during the event.

I agree to abide by organizer full terms and conditions shown above

PARTICIPATION CONFIRMATION

AUTHORIZED PERSON:

DESIGNATION:

SIGNATURE:

COMPANY STAMP:

CONTACT US

For inquiries, please contact :

Ms. Korina Dela Rosa

meetict@worksmartbh.com | Tel: +973 177 17200 | Fax: +973 171 80678