

Conferences Registration Form

Jordan International Travel Show
 3rd – 06th August 2009
 Amman International Motor Show / Amman - Jordan
 Tel: +962 6 552 7066
 Fax: +962 6 552 7311
 E-mail: info@meg-expo.com
 Website: www.meg-expo.com

Conference Title	Registration Fee	
	Number of Attendees	Registration Fee
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Grand Total for the Registration Fee		
Date of Registration		

* 20% discount will be given for early registration (before 01st July 2009).

Method of Payment:

- 100% full payment upon signing the contract.

Please find the accepted options for payment below:

Bank Transfer:

Bank Name	Bank Address	Account Number	Swift Code
Jordan Commercial Bank	Ramtha - Jordan	0/10/2/2630155/802	JGBAJOAMAXXX

Credit Card:

Card Type:	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Expiry Date:
3 Last Digits on the Back of the Card:			
<input type="text"/> <input type="text"/> <input type="text"/>			
Name of the Card Holder (as seen on card):			
Signature (Compulsory):			

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Cheque (For Jordanian Participant Only):

Under the Name of:	Middle East Gate Expo
Cheque Number:	
Amount:	
Date:	

In the case of inability to attend 50% will be deducted from the full amount of the participating fee.	The conference fee will include daily lunch, coffee break and certificate of attendance.
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Name:	Company Stamp:
Signature:	
Date:	

Please return this completed contract to:

Middle East Gate Expo

Al Baddad Holding Company
1st Floor – Office No. 111

Al Madena Al Munawara St.
P.O. Box: 211941 Amman 11121
Jordan

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Conferences Attendees List

Attendee Personal Information:
Attendee Title:
Attendee Name:
Job Title:
Tel:
Fax:
E-mail:

Attendee Personal Information:
Attendee Title:
Attendee Name:
Job Title:
Tel:
Fax:
E-mail:

Attendee Personal Information:
Attendee Title:
Attendee Name:
Job Title:
Tel:
Fax:
E-mail:

Please photocopy this document for additional registration
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