

## SEMINAR REGISTRATION FORM

Please complete the form below. Submit only one badge request on each form.  
Registration and cancellation conditions apply.

Full Name:

Name for Badge:

Title:  Mr.  Ms.  Dr.  Others (Pls specify)

Designation:

Company:

Address:

Postal Code:  City:

State:  Country:

Tel. No:  Fax. No:

E-mail:

**REGISTRATION FEES: Rs3,500 (Indian Participant) / RM350 (Malaysian/International Participant)**

### MODE OF PAYMENT: PLEASE TICK ✓

#### Indian Delegate

- Cheque - Payable to "Malaysian Palm Oil Council"  
Cheque No:
- Demand Draft – "Malaysian Palm Oil Council" payable in Mumbai

#### Malaysian / International Delegate

- Cheque / Bank draft made payable to "Malaysian Palm Oil Council"  
Cheque No:
- Bank-in to CIMB  
Bank details: CIMB Bank, No. 60 – 62, Jalan SS6/14,  
47301 Kelana Jaya, Selangor, Malaysia  
SWIFT CODE: CIBBMYKL  
Account No. 12160012671053

- Payment by Credit Card  
Card Type:  
 Visa  Mastercard
- Card Number:  Expiry Date:
- Name Printed On Card:
- Signature:

#### For Office Use Only

Date Received:

Payment Details:

Cheque No:

Amount:

#### For inquiries please contact:

##### Malaysia:

Ms. Fatimah / Mr. Kharibi  
Tel: +603 78064097  
E-mail : fatimah@mpoc.org.my / kharibi@mpoc.org.my

##### India

Ms. Bhavna Shah  
Tel: +91 (22) 6655 0755 / 56  
E-mail: bhavna@mpoc.org.in

## HOTEL RESERVATION FORM

Please complete the form below. Reservation and cancellation conditions apply.

1. Reservation without credit card number will not be accepted. Confirmation will be sent to the guest within 48 hours of receipt of reservation.
2. Any cancellation after 20 May 2012 will be charged to guest's credit card as 100% of the confirmed room rate.
3. Rooms are subject to availability & rates are subject to changes.

### ACCOMMODATION RATES (PER NIGHT), PLEASE TICK (✓)

ITC Maratha Hotel, Mumbai	
Executive	<input type="radio"/> INR 7,500++
Towers	<input type="radio"/> INR 10,000++
ITC One	<input type="radio"/> INR 14,000++

\* Luxury tax ~16 - 18% on published rate

### PLEASE RESERVE FOR:

Full Name:	<input type="text"/>		
Passport No:	<input type="text"/>		
Arrival Date:	<input type="text"/>	Arrival time:	<input type="text"/>
Departure Date:	<input type="text"/>	Departure Time:	<input type="text"/>
Address:	<input type="text"/>		
Postal Code:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Country:	<input type="text"/>
Tel. No:	<input type="text"/>	Fax No:	<input type="text"/>
E-mail:	<input type="text"/>		

Please provide your credit card number to guarantee your reservation

Card Type:

Visa  Mastercard

Card Number:	<input type="text"/>
Expiry Date:	<input type="text"/>
Name Printed On Card:	<input type="text"/>
Signature:	<input type="text"/>

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#### India

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