

Please complete this form and send it back to su@usm.my

Delegate Details

1. Name: Mr / Mrs / Ms

Job Title :
Email :

2. Name: Mr / Mrs / Ms

Job Title :
Email :

3. Name: Mr / Mrs / Ms

Job Title :
Email :

Company Details

Name:

Person to Contact:

Email:

Address:

City:

Country:

Contact No:

Type of Business:

Website:

Payment Details

METHOD : CREDIT CARD OR WIRE TRANSFER

Please debit my

Visa Eurocard / Mastercard Amex Diners club

Card Billing Address:

Street: City:

Zip / Postal :

Card Holders Name :

Email Address:

Card Holders Signature:

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card CVV2 / CVC / CID Number:

Visa / mastercard
(3-digit code on the back)

Amex (4-digit code
on the front)

Valid from: / Expiry Date : /

I agree to BII debiting my card

Authorization and Acceptance of Sales
Contract & Terms & Conditions

I hereby declare I am authorised to sign this contract and terms
& conditions in the name of the company / organisation:

Name :

Date :

Signature :

(Booking is invalid without a signature)

DELEGATE FEE RM1599