

SEMINAR AREA RESERVATION FORM



20 - 22 April 2010

Oman International Exhibition Centre, Muscat

Title of the Seminar: _____

(Please attach Seminar details)

Preferred Dates & Timings:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 20 April 2010 | <input type="checkbox"/> 5:00 – 5:30 PM | <input type="checkbox"/> 6:00 – 6:30 PM | <input type="checkbox"/> 7:00 – 7:30 PM |
| <input type="checkbox"/> 21 April 2010 | <input type="checkbox"/> 10:00 – 10:30 AM | <input type="checkbox"/> 11:00 – 11:30 AM | <input type="checkbox"/> 12:00 – 12:30 PM |
| | <input type="checkbox"/> 5:00 – 5:30 PM | <input type="checkbox"/> 6:00 – 6:30 PM | <input type="checkbox"/> 7:00 – 7:30 PM |

Organisation Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ Country: _____ Postal Code: _____

Mob: _____ Tel: _____ Fax: _____

Email: _____ Website: _____

Company Stamp: _____ Sign: _____

The Seminar Area is free of charge for Sponsors & Exhibitors only. A non-refundable fee of OMR 250 is required per slot for Non Participants

Payment Details

By Direct Transfer

Kindly transfer the amount to:

Account Name : Oman International Trade & Exhibitions LLC
 Account No : 0423011039900015
 Bank Name / Branch : Bank Muscat, Corporate Branch, Ruwi, Sultanate of Oman
 Swift Code : BMUSOMRXXX
 Bank Address : PO Box 134, Ruwi, PC 112, Sultanate of Oman
 Correspondent / Intermediary Bank : JP Morgan Chase Bank, 4, New York Plaza-15th floor, New York, N.Y. 1004, USA
 Swift Code : CHASUS33XXX; ABA 021000021

- ◆ All details aforementioned are for one account and should be fully used for the transfer, without which the amount cannot be transferred to our account.
- ◆ All transfers made should be net amount exclusive of bank transfer charges and for all purposes the amount received in our bank account will be considered the transferred amount.
- ◆ Please fax the deposit slip along with the registration form

Pay by Credit Card *

Card details (if paying by credit card, the address shown above must be the card billing address)

Card number:

Cardholder name:

Issue number: (Switch only) Expiry date (mm/yy)

Security code:

Visa Mastercard American Express

* Please note that an additional 5% service charge is payable for credit card payments.

Organiser :



Tel: +968 2456 4303
 Fax: +968 2456 5165
 Email: info@oite.com



Terms and Conditions:

- ◆ Venue booking includes; 1-multimedia projector, 1-wall mounted screen, 1- wireless microphone, chairs (theatre set-up)
- ◆ Please note that the venue does not include meals or snacks.
- ◆ Client will provide all marketing materials / handouts required for the seminar.
- ◆ Full payment should accompany this completed seminar area reservation form.
- ◆ A confirmation letter and invoice will be sent upon receipt of this signed & stamped form.
- ◆ Seminar area reservations and slot allocation will be on a first-come first-serve basis.
- ◆ Cancellation in writing before 31 March will be charged 10% administrative fee.
- ◆ No cancellations or refund will be allowed after 31 March 2010.
- ◆ Due to unforeseen circumstances, the venue, schedule / timing may change and OITE reserves the right to alter such.
- ◆ Seminar details should be sent to the Organiser on or before 31 March 2010

