



PAYMENT FORM

Registration Fees

Conference registration	US\$ 650.00	<input type="checkbox"/>
Spouse/Guest	US\$ 500.00	<input type="checkbox"/>
<i>Late Registration (after 3rd October 2013)</i>		
Conference	US\$ 700.00	<input type="checkbox"/>
Spouse/Guest	US\$ 550.00	<input type="checkbox"/>

Expo Registration Fee

US\$ 450.00 per m² (Please specify expo space/stand size booked _____ x 450 m²) US\$ _____

Advertisement Registration Fees

Conference & Exhibitors Catalogue

Back Cover	US\$ 2,100.00	<input type="checkbox"/>
Inside Front Cover	US\$ 1,700.00	<input type="checkbox"/>
Inside Back Cover	US\$ 1,600.00	<input type="checkbox"/>
One Full Page	US\$ 1,300.00	<input type="checkbox"/>

Website

Lower left/right space (343 x 130 pixels) / Animated (gif) / 12 months	US\$ 1,600.00	<input type="checkbox"/>
Lower left/right space (343 x 130 pixels) / Static (jpg) / 12 months	US\$ 1,200.00	<input type="checkbox"/>

Other Charges

Sponsorship	US\$ _____
Others (please specify) _____	US\$ _____

*** EXPO PAYMENT OR ANY ON SITE PAYMENT BY CREDIT CARD IS SUBJECT TO AN ADDITIONAL BANK CHARGE OF 3.5 % OF THE TOTAL VALUE.**

Bank Details:

Beneficiary's Name : International Association of Operative Millers
 Beneficiary Bank : Bank Muscat SAOG
 Corporate Branch, CBD Area, Ruwi, Sultanate of Oman
 Account No. : 0 4 2 3 - 0 1 4 0 8 2 8 7 - 0 0 2 1
 Swift Code : B M U S O M R X X X X

I hereby authorize IAOM MEA to charge the above services against the following credit card details:

VISA* MASTER CARD* AMERICAN EXPRESS**

Card No.

*CVC No. (3 digits on back side of Visa/MasterCard)

**Alpha Code (4 digits on front side of AMEX Card)

Expiry Date: _____ Card Holder's Name _____
 (as printed in the card)

Company Stamp :

TOTAL CHARGE: US\$ _____ SIGNATURE: _____ DATE: _____

Kindly email the completed form to info@iaom-mea.com or fax it to +968 2471 1340.