

Date / /

*\* Mandatory*

Email\*:

Prefix\*:  Mr.  Ms. (Please write name in BLOCK letters)

First Name\*:

Last or Family Name\*:

**Note:** First Name + "Last or Family Name" will appear on your Badge.

Are you a buyer with direct purchasing authority for your company?\*:  Yes  No

Mobile Phone\*:  Work Phone\*:

Company Name\*:

Address\*:

City\*:  Postal Code\*:

Country\*:

Nationality\*:  Age\*:  16 - 24  25 - 34  35 - 44  45 - 54  55 - 64  65+

**Department / Job Function\***  (Select Only one)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Acquisition      | <input type="checkbox"/> Finance         | <input type="checkbox"/> Media & PR             | <input type="checkbox"/> Sales                       |
| <input type="checkbox"/> Administration   | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Operations             | <input type="checkbox"/> Student                     |
| <input type="checkbox"/> Compliance       | <input type="checkbox"/> IT              | <input type="checkbox"/> Procurement            | <input type="checkbox"/> Others (pls. specify) _____ |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Legal           | <input type="checkbox"/> Production             | _____  |
| <input type="checkbox"/> Distribution     | <input type="checkbox"/> Management      | <input type="checkbox"/> Quality Control        | _____  |
| <input type="checkbox"/> Engineering      | <input type="checkbox"/> Marketing       | <input type="checkbox"/> Research & Development | _____  |

**Job Title\***  (Select Only one)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Agent                         | <input type="checkbox"/> Consultant | <input type="checkbox"/> Manager                    |
| <input type="checkbox"/> CEO – Chief Executive Officer | <input type="checkbox"/> Director   | <input type="checkbox"/> Student                    |
| <input type="checkbox"/> CFO – Chief Financial Officer | <input type="checkbox"/> Journalist | <input type="checkbox"/> Others (pl. specify) _____ |

**Professional Seniority level\***  (Select Only one)

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Associate | <input type="checkbox"/> Executive          | <input type="checkbox"/> Middle Management | <input type="checkbox"/> President             |
| <input type="checkbox"/> Chief     | <input type="checkbox"/> Head of Department | <input type="checkbox"/> Partner           | <input type="checkbox"/> Sole Proprietor-Owner |
| <input type="checkbox"/> Employee  |   |  |  |

**Company Activity\***  (Select Only one)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Bank                         | <input type="checkbox"/> Franchisor               | <input type="checkbox"/> Mall Operator    | <input type="checkbox"/> Trade Association           |
| <input type="checkbox"/> Consultancy                  | <input type="checkbox"/> Government Department    | <input type="checkbox"/> Media            | <input type="checkbox"/> Others (pls. specify) _____ |
| <input type="checkbox"/> Corporate Financial Investor | <input type="checkbox"/> Health & Beauty Business | <input type="checkbox"/> Retailer         | _____  |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Hospitality              | <input type="checkbox"/> Service Provider | _____  |
| <input type="checkbox"/> F & B Business               | <input type="checkbox"/> Investor                 | <input type="checkbox"/> Supplier         | _____  |

**Areas of Interest\***  (Select all that applies)

- |                                      |  |                                      |                                   |
|--------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Finance         | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Services |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Health & Beauty | <input type="checkbox"/> Retail      | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> F & B       |  |                                      |                                   |