

# 12th International Business Research Conference

Venue : Crowne Plaza Hotel , Dubai, United Arab Emirates

Date : 8-9 April , 2010

## Conference Registration Form

|   |  |  |        |                               |            |
|---|--|--|--------|-------------------------------|------------|
| Title: (Mr. Mrs. Dr. Ms)  |  | First name:  |        | Last name:                    |            |
| Institution:  |  |  |        |                               |            |
| Department  |  |  | Email: |                               |            |
| Mailing address:  |  |  |        |                               |            |
| City:   |  | State:   |        | Postal/ Zip code:             |            |
| Country:  |  | Telephone:   |        | Fax:                          |            |
| Broad Field of Research: (e.g. Banking, Management, etc.)   |  |  |        |                               |            |
| Are you willing to serve as a session chair for a session?  |  |  |        | Yes                           | No         |
| Are you a Fellow of the World Business Institute?   |  |  |        | Yes                           | No         |
| Paper No.   |  | (see acceptance letter)                                      |        | Special dietary requirements: |            |
| <b>Code</b>   |  | <b>Description ( See Registration Fee schedule Attached)</b> |        |                               | <b>Fee</b> |
| <b>Payment Method</b>   |  |  |        |                               |            |
| <input type="checkbox"/> <b>International transfer</b><br>For personal check and Bank check : Pay to : World Business Institute<br>For Money order : World Business Institute, Branch/Account . 033-090- 303339, Westpac Banking Corporation, 302 Clayton Road, Clayton, Melbourne, Victoria 3168, Australia<br>For Wire Transfer: Swift Code: WPACAU2S |  |  |        |                               |            |
| <b>Credit Card</b> : Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card<br>Name on Card: _____<br>Number: _____<br>Expiry date: ____ / ____<br>Receipt will be provided at the conference registration day (27 March, 2008) unless urgently required.   |  |  |        |                               |            |

Please **email the completed registration form** to :Nuha Jahan haqz53 @gmail.com or conpap@wbint.org

**Fax to** : World Business Institute, Australia . Fax No. 613- 9702 0122 OR

**Mail To**: World Business Institute, 31 Blake Street, Berwick 3806 Australia

