



25-27 February 2008  
Hilton Kuching Hotel,  
Sarawak, Malaysia

**Please Type or Print Clearly**

Delegate ( use one form for each registrant )

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Title (Mr/Mrs/Ms/Other)

\_\_\_\_\_  
Informal Name (for badge)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State/Province

\_\_\_\_\_  
Postal Code/ZIP                      Country

\_\_\_\_\_  
Phone    Fax

\_\_\_\_\_  
Email

**Contact Person** (If different from above)

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Title (Mr/Mrs/Ms/Others)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State/Province

\_\_\_\_\_  
Postal Code/ZIP                      Country

\_\_\_\_\_  
Phone    Fax

\_\_\_\_\_  
Email

**Indicate Your Industry:**

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture/Mining                      | <input type="checkbox"/> Manufacturing                |
| <input type="checkbox"/> Automotive                              | <input type="checkbox"/> Media                        |
| <input type="checkbox"/> Banking & Financial Services            | <input type="checkbox"/> Oil & Gas                    |
| <input type="checkbox"/> Chemical/Energy/Utilities               | <input type="checkbox"/> Pharmaceutical & Health care |
| <input type="checkbox"/> Computer Equipment<br>& Communication   | <input type="checkbox"/> Professional Services        |
| <input type="checkbox"/> Construction                            | <input type="checkbox"/> Public Sector                |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> Publishing & Broadcasting    |
| <input type="checkbox"/> IT Software/Hardware/<br>Service Vendor | <input type="checkbox"/> Telecommunications           |
|  | <input type="checkbox"/> Telecom Services             |
|  | <input type="checkbox"/> Trading/Wholesale/Retail     |
|  | <input type="checkbox"/> Other _____                  |

**Special Needs**

Please indicate any special needs (physical or dietary)

- Vegetarian     Other \_\_\_\_\_

Emergency contact \_\_\_\_\_

**Method of Payment**

Cheque / Bank Draft payable to  
**STRATFOS CONSULTING SDN BHD**  
Direct Debit  
Our Banker:  
**RHB BANK BERHAD,**  
Jalan Kulas Branch, Kuching  
Account Name:  
**STRATFOS CONSULTING SDN BHD**  
Account Number:  
**2 11212 501225 64**

Accounts Receivable  
(Regular registration fee applies)

Approved Purchase Order or Government Training Order form attached.

\_\_\_\_\_  
PO / Government Training Order Number

Mail to:  
IMC 2008  
STRATFOS CONSULTING SDN BHD  
2nd Floor, Lot 318, Lorong 12, Jalan Rubber  
93400 Kuching, Sarawak, Malaysia

Fax to:  
(6082) 234454

**For More Information**

Website [www.stratfos.com/events/IMC2008](http://www.stratfos.com/events/IMC2008)  
Email [events@stratfos.com](mailto:events@stratfos.com)  
Phone (6082) 234342  
Fax (6082) 234454

Mail  
**STRATFOS CONSULTING SDN BHD**  
2nd Floor, Lot 318, Lorong 12 Jalan Rubber  
93400 Kuching, Sarawak, Malaysia

**Conference Venue & Accommodation Information**

Hilton Kuching Hotel,  
Jalan Tunku Abdul Rahman, 93100 Kuching, Sarawak, Malaysia.  
Tel: +06(0) 82 248200 Fax: +06(0) 82 428984  
[www.hilton.com](http://www.hilton.com)

*Hotel and travel arrangements and payments are the responsibilities of the registrant.*

*\*Terms & Conditions Apply*

**FOR OFFICE USE**

Registration Received Date	Invoice Number	Invoice Date	Amount Due
<b>Payment Details</b>			
<b>Remarks</b>			