

## HOTEL REGISTRATION FORM

Please complete the form below. Reservation and cancellation conditions apply.

1. Reservation without credit card number will not be accepted. Confirmation will be sent to the guest within 48 hours of receipt of reservation.
2. Any cancellation after 01/11/2010 will be charged to the guest's credit card as 100% of the confirmed room rate. The charge will be based upon the room rate specified in the Hotel Reservation Form.
3. Rooms are subject to availability and rates are subject to changes.

	INTER CONTINENTAL CITYSTAR HOTEL	HOLIDAY INN CAIRO CITYSTAR HOTEL
Room Type	Rate	Rate
Standard	RM 620 or USD 200 (Single) RM 720 or USD 230 (Double)	RM 428 or USD 138 (Single) RM 490 or USD 158 (Double)

\* Rate quoted is inclusive of breakfast.

### PLEASE RESERVE FOR:

Full Name: \_\_\_\_\_

Passport No: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please provide your credit card number to guarantee your reservation

Card Type:

Visa  Mastercard  Others (Pls specify) \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name Printed On Card: \_\_\_\_\_

Signature: \_\_\_\_\_

## REGISTRATION FORM

Please Fax this Form to MPOC at Fax No: 603-7806 2272

Title: Mr / Ms / Mrs / Dr / Others:	<input type="text"/>		
Name: (please underline surname)	<input type="text"/>		
Designation:	<input type="text"/>		
Company:	<input type="text"/>		
Address:	<input type="text"/>		
Tel:	<input type="text"/>	Fax:	<input type="text"/>
E-mail:	<input type="text"/>		

### Registration Fee\*

#### Registration fee (per person)

Single (1 person)

RM 150  
USD 50

Amount Due (RM/USD) \_\_\_\_\_

### MODE OF PAYMENT: PLEASE TICK ✓

<input type="radio"/> Egypt / International Delegate	
<input type="radio"/> Cheque - Payable to "Malaysian Palm Oil Council"	Cheque No: _____
<input type="radio"/> Malaysian Delegate	
<input type="radio"/> Cheque / Bank draft made payable to "Malaysian Palm Oil Council"	Cheque No: _____
<input type="radio"/> Bank-in to CIMB	Bank details: CIMB Bank, No. 60 - 62, Jalan SS6/14, 47301 Kelana Jaya, Selangor, Malaysia SWIFT CODE: CIBBMYKL Account No. 12160012671053
<input type="radio"/> Payment by Credit Card	Card Type: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Others (Pls specify) _____
Card Number: _____	Expiry Date: _____
Name Printed On Card: _____	
Signature: _____	

#### For Office Use Only

Date Received:	_____
Payment Details:	_____
Cheque No:	_____
Amount:	_____

Please complete the form below. Form may be duplicated for additional registrations.

Mail or Fax form to :  
**POTS EGYPT 2010**  
Malaysian Palm Oil Council (MPOC)  
2nd Floor, Wisma Sawit  
Lot 6, SS 6 Jalan Perbandaran 47301  
Kelana Jaya, Selangor, Malaysia  
Tel: 603 - 7806 4097 Fax: 603 - 7806 2272

#### Contact Persons:

Mr. Mohd Suhaili    Email: msuhaili@mpoc.org.my  
Mr. Kamal Azmi    Email: Kazmi@mpocegypt.com