



PRIVATE BUSINESS TRADE NETWORK (PBTNET)

Conference on Global Trade and Export Finance, CGTEF 2024.
Jacksonville, Florida.

CGTEF 2024 DELEGATE REGISTRATION FORM

Personal Information									
Type of Participant	<input type="checkbox"/> Local <input type="checkbox"/> Foreign		ATTACH PHOTO HERE						
Designation	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss								
First Name:	Last Name:								
Middle Initial: (e.g. Peter = P.)	Sex: Male <input type="radio"/> Female <input type="radio"/>								
Nationality:	Date of Birth:								
Occupation:	Mobile Number:								
Email:	Fax:	<table><thead><tr><th colspan="2">Marital Status</th></tr></thead><tbody><tr><td><input type="checkbox"/> Single</td><td><input type="checkbox"/> Married</td></tr><tr><td><input type="checkbox"/> Divorced</td><td><input type="checkbox"/> Separated</td></tr></tbody></table>		Marital Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Marital Status									
<input type="checkbox"/> Single	<input type="checkbox"/> Married								
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated								
Residential Address:		Permanent Address (Leave blank if same as residential address):							
City:	State:	City:	State:						
Country:	Zip-code:	Country:	Zip-code:						
Please provide us with the biographic page of your International Passport for name accuracy.									
Passport Number:	Date Issued:	Expiry Date:							
Name of person who invited you / How did you hear about the conference?									

Next Of Kin			
Name:	Relationship:		
Address:	Email:		
	Mobile Number:		
City:	State/Province:	Country:	

Additional Information for Foreign Delegates					
Have you ever been issued a US visa?	<input type="checkbox"/> YES	Issued Date:	Do you have a valid US visa?	<input type="checkbox"/> YES	Issued Date:
	<input type="checkbox"/> NO	Expiry Date:		<input type="checkbox"/> NO	Expiry Date:
Do you have relatives living in the US?	<input type="checkbox"/> YES <input type="checkbox"/> NO				



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Delegate Dietary Requirement

For catering purposes at the conference and Welcome Reception. Please specify if you have any special dietary requirement

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Gluten free | Others, please specify
1.
2. |
| <input type="checkbox"/> Allergy to nuts | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Halal | |

Declaration

I (Delegate's full name), certify that the information provided for registration is valid and that any falsification of information may lead to rejection of my application.

Applicant Signature:

Date:



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OFFICE USE ONLY

REGISTRATION NUMBER:

Date:

*Please return the completed form with other supporting documents to the secretary via email - secretary@pbttnet.org / info.pbtnet@gmail.com