

Organiser:



Host:



Event Manager:



**The 15th Asian Harmonization Working Party (AHWP) Meeting,  
AHWP Technical Committee Meeting and Workshops  
27 November - 1 December 2010  
Riyadh, Saudi Arabia  
REGISTRATION FORM**

I would like to register as:

Please tick:  where appropriate

<input type="checkbox"/> Industry/ Trader <b>USD600 per person</b> (USD500 Early-bird) #Fee includes luncheon (27 Nov - 1 Dec) and dinner (30 Nov).	<input type="checkbox"/> Regulatory Authority <b>Complimentary</b> #Free of charge for luncheon (27 Nov - 1 Dec) and dinner (30 Nov).	<input type="checkbox"/> Participant of Dinner ONLY (30 Nov) <b>USD100 per person</b>	27 Nov (Sat)	28 Nov (Sun)	29 Nov (Mon)	30 Nov (Tue)	1 Dec (Wed)
			<input type="checkbox"/> TC Meeting <input type="checkbox"/> Luncheon	<input type="checkbox"/> Workshop <input type="checkbox"/> Luncheon <input type="checkbox"/> Visit	<input type="checkbox"/> Member Update <input type="checkbox"/> Luncheon	<input type="checkbox"/> Meeting <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner	<input type="checkbox"/> Meeting <input type="checkbox"/> Luncheon
			<input type="checkbox"/> vegetarian meal required				
** Seats are limited and will be reserved on the first-come-first-serve basis							

**Registration Details**

Name (\*Mr/ Ms/ Dr) : \_\_\_\_\_ Designation : \_\_\_\_\_  
 Company/Organisation : \_\_\_\_\_  
 Full Address : \_\_\_\_\_  
 \_\_\_\_\_ Postal Code : \_\_\_\_\_  
 Telephone / Mobile No : (Country Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_  
 Fax No : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Payment Method**
 By \*CHEQUE / BANK DRAFT (payable to "Saudi Food and Drug Authority")

Name of Bank : \_\_\_\_\_  
 \*Cheque/Bank Draft No : \_\_\_\_\_ Amount : USD \_\_\_\_\_  
 - Please submit the completed registration form together with the Cheque or Bank Draft to **SFDA - 3292 North Highway Al Nafal Unit (1) - Riyadh 13312 - 6288**, (Attn: **SFDA-MDS**).  
 - If pay by USD bank draft or cheque, please note that the bank draft or cheque must be drawn on a bank in Saudi Arabia  
 - Please state clearly on cheque/bank draft that the payment is for the 15th AHWP Meeting.

 By TELEGRAPHIC TRANSFER

- Remit by telegraphic transfer to **Saudi Food & Drug Authority**  
**Account Number (IBAN) : SA56 5500 0000 0209 8390 0390**  
**Banque Saudi Fransi**  
**Riyadh city - Olaya Branch - Main Road**  
**Saudi Arabia**

Remitting Bank Name : \_\_\_\_\_  
 Date : \_\_\_\_\_ Amount : USD \_\_\_\_\_  
 - All banking charges, if any, are to be borne by the delegates.  
 - Please quote the 15<sup>th</sup> AHWP Meeting in the remittance document as the remittance message for our verification. Please submit the completed registration form together with the copy of remittance document to Mr. Salem Al Enezi by fax (+966 1 2757245) or E-mail (MD.AHWP@sfd.gov.sa).

**Importance Notes**

- Registration without payment will not be entertained, and admission allowed to persons aged 18 or above only.
- Early-bird discount for Industry/Trader delegate is valid on or before 15/10/2010.
- Acceptance to registration will be subject to availability on a first-come-first-served basis.
- Registration fee is non-refundable.
- Meeting programme is subject to change without prior notice.
- The information provided in this form will only be used for processing your participation and communication with you on matters related to the AHWP Meeting. If you wish to correct your personal data, please e-mail : MD.AHWP@sfd.gov.sa
- Any copy of telegraphic transfer, cheque payment should send to Mr. Salem Al Enezi on MD.AHWP@sfd.gov.sa

Signature

Stamp (for Company/Regulatory Authority)

Date