



VISITOR PRE-REGISTRATION FORM

Please attach your name card to register complete this form and fax back to the relevant number: +662 2664 2076.

Alternatively, you can register online at www.worldofmuslim.com

Name (Mr./ Mrs./ Ms/Other) : _____ Last Name : _____

Job Title : _____

Company : _____

Address : _____

City/ Postcode : _____ Country : _____

Tel : _____ Fax : _____

Email : _____ Website : _____

1) What business categories are you in?

- Agent / Distributor
- Government Executive
- Department Store
- Research & Development
- Education & Training
- Franchising Restaurant / Service
- Grocery Store
- Importer
- Manufacturer / Processor / Exporter
- Wholesaler
- Retailer
- Supermarket
- Other (please specify).....

2) What are the products of your interest?

- Halal Food & Halal Product
- Government Pavilion
- Hospital
- Bank & Assurance
- Foundation
- Education

- Airline & Travel
- Embassy & Chamber of Commerce
- Organization
- Other (please specify).....

3) How did you first learn about the fair?

- Direct mail / Invitation from organizer
- Email communication from organizer
- Visit show website
- Trade Magazines
- Newspapers
- Billboard / Banners
- TV / Radio
- Colleagues / Friends
- Trade Associations / Institutes
- Exhibitors
- Other, please specify.....

4) Please indicate the purpose(s) of your visit

- Gather information
- Establish contacts / Visit suppliers
- Evaluate the show for future participation
- Place orders
- Seek representatives
- Source products
- Others (please specify).....

5) Please send me more information on side events, conferences or workshops.

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