

**MARFIMA**

***4th to 10th May 2014, Kuala Lumpur, Malaysia***

REGISTRATION FORM

Please complete and return this form and copies of international passport(s) by **Friday 4th April 2014** to:

**TAFISA Office, Attn: Bae Schilling**

Email: info@tafisa.net

Fax: +49 (0) 69 97 39 35 99 25

Post: Mainzer Landstraße 153, Dienstleistungszentrum

D-60261 Frankfurt am Main, Germany

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| --- | --- |
| Organisation: |  |
| Contact Name: |  |
| Address: |  |
| Country: |  |
| Phone: | + |
| Fax: | + |
| E-mail: |  |
| Website: |  |
|  |
| **O**  | **Yes! I/We am/are interested in participating!** |
| Expected number of participants: |  |
| Name(s) of participants: |  |
|  |  |
|  |  |
| **I/We need a formal letter of invitation for visa purposes:** | **O Yes O No** |
|  |
|  |
| Other Comments: |  |
|  |  |
|  |  |
| Signature: |  | Date: |  |