



Application Form

Company Name:

Contact Person:

Address: .

Tel: Fax:

E-mail: Website:

Name list of Delegates

No .	Title - Name – Surname	Position	Flight Class	Room Type
1.	(Mr./ Mrs./ Ms.) 	<input type="checkbox"/> Business Class	<input type="checkbox"/> Single
			<input type="checkbox"/> Economy Class	<input type="checkbox"/> Double
2.	(Mr./ Mrs./ Ms.) 	<input type="checkbox"/> Business Class	<input type="checkbox"/> Single
			<input type="checkbox"/> Economy Class	<input type="checkbox"/> Double
3.	(Mr./ Mrs./ Ms.) 	<input type="checkbox"/> Business Class	<input type="checkbox"/> Single
			<input type="checkbox"/> Economy Class	<input type="checkbox"/> Double

Authorized Signature

Date

REMARK: Please complete this form and send along with your passport copies to

Email: services@gtcc.org by **13 October 2023**

** Registration is on a first come, first served basis and SPACE IS LIMITED**