



29<sup>TH</sup> ANNUAL  
**IAOM**  
MIDEAST & AFRICA  
CONFERENCE & EXPO  
22-25 October 2018, Nairobi-Kenya

## 29<sup>th</sup> Annual IAOM Mideast & Africa Region Conference & Expo

### PAYMENT FORM

#### Registration Fees

Delegate/ Guest	US\$ 650.00	<input type="checkbox"/>
Spouse	US\$ 500.00	<input type="checkbox"/>
Late Registration (after 21 <sup>st</sup> September 2018)		
Delegate/ Guest	US\$ 750.00	<input type="checkbox"/>
Spouse	US\$ 600.00	<input type="checkbox"/>

#### Expo Registration Fee

US\$ 450.00 per m2  
(Please specify expo space/stand size booked \_\_\_\_\_ x 450 m2) US\$ \_\_\_\_\_

#### Advertisement Registration Fees

##### Conference & Exhibitors Catalogue

Back Cover (reserved for sponsors only)	US\$ 2,100.00	<input type="checkbox"/>
Inside Front Cover (reserved for sponsors only)	US\$ 1,700.00	<input type="checkbox"/>
Inside Back Cover (reserved for sponsors only)	US\$ 1,600.00	<input type="checkbox"/>
One Full Page (4 colours)	US\$ 1,300.00	<input type="checkbox"/>

##### Website ([www.iaom-mea.com](http://www.iaom-mea.com))

Lower left/right space (343 x 130 pixels) / Animated (gif) / 12 months	US\$ 1,600.00	<input type="checkbox"/>
Lower left/right space (343 x 130 pixels) / Static (jpg) / 12 months	US\$ 1,200.00	<input type="checkbox"/>

#### Other Charges

Sponsorship	US\$ _____
Others (please specify) _____	US\$ _____

\* ANY PAYMENT MADE BY MASTERCARD/ VISA IS SUBJECT TO AN ADDITIONAL BANK CHARGE OF 3.5 % OF THE TOTAL VALUE.

\* ANY PAYMENT MADE BY AMEX IS SUBJECT TO AN ADDITIONAL BANK CHARGE OF 3.75 % OF THE TOTAL VALUE.

\* ANY ONSITE OR PENDING PAYMENT SHOULD BE PAID ONSITE BY CASH.

#### Bank Details:

Beneficiary's Name : International Association of Operative Millers  
Beneficiary Bank : Bank Muscat SAOG  
Corporate Branch, CBD Area, Ruwi, Sultanate of Oman  
Account No. : 0 4 2 3 - 0 1 4 0 8 2 8 7 - 0 0 2 1  
Swift Code : B M U S O M R X X X X

*I hereby authorize IAOM MEA to charge the above services against the following credit card details:*

VISA\*  MASTER CARD\*  AMERICAN EXPRESS\*\*

Card No.

\*CVC No. (3 digits on back side of Visa/MasterCard)

\*\*Alpha Code (4 digits on front side of AMEX Card)

Expiry Date: \_\_\_\_\_ Card Holder's Name \_\_\_\_\_  
(Name as printed on card)

Company Stamp :

TOTAL CHARGE: US\$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Kindly email the completed form to: [finance@iaom-mea.com](mailto:finance@iaom-mea.com)