



GROUP REGISTRATION FORM

SPE SYMPOSIUM: PRODUCTION ENHANCEMENT AND COST OPTIMISATION

7 - 8 NOVEMBER 2017 • DOUBLETREE BY HILTON KUALA LUMPUR

KUALA LUMPUR, MALAYSIA

All portions of this form must be completed. Print your name as they should appear on the meeting badge. Registration will not be processed without payment.

EXCLUSIVE FULL SYMPOSIUM REGISTRATION FEE FOR GROUP OF FIVE (5) REGISTRANTS GROUP DISCOUNT – Register 5, Pay for 4! (Lowest Priced Registration Complimentary)		
Registration AFTER 22 September	Category	Full Symposium Registration includes access to the Opening Session, Keynote Session, Panel Sessions, Technical Sessions, Knowledge Sharing ePoster Sessions, Technical Showcase, Networking Luncheons, Coffee/Tea Breaks, Welcome Reception and one (1) Symposium Digital Proceedings.
USD 1,100	A	SPE Member
USD 1,200	B	Non-member
USD 900	C	Presenter/Author/Panelist/Committee/Session Chairperson

Company: _____

P.O. Box or Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Office Telephone: (Include country/city code) _____ Facsimile: (Include country/city code) _____

PARTICIPANTS PROFILE

No.	First Name	Last Name	Job Title/ Position	Email Address	Membership No	Category	Amount (USD)
1.							
2.							
3.							
4.							
5.							

Registration fees shown inclusive of 6% GST Total (USD)

ONLINE	www.spe.org (Credit Card Registration Only)	PAYMENT OPTIONS											
FAX	+60.3.2182.3030 (If Fax, DO NOT Mail Original)	<input type="checkbox"/> Telegraphic Transfer (Bank details will be provided on the invoice) <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa											
MAIL	SPE-Asia Pacific (M) Sdn. Bhd. Suite 12.01, Level 12 Menara IGB, Mid Valley City, Lingkar Syed Putra, 59200 Kuala Lumpur Malaysia	<p>(Credit card payment will be processed in US Dollars Only.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 80%; height: 20px;"></td> <td style="border: 1px solid black; width: 20%; height: 20px;"></td> </tr> <tr> <td>Card Number</td> <td>CVV Code</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Expiry Date (mm/yy)</td> <td></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td></td> </tr> </table> <p style="font-size: small; color: green;">CVV code is the 3 digit code on back of VISA/ MasterCard and the 4 digit code on the front of American Express</p>				Card Number	CVV Code			Expiry Date (mm/yy)			
Card Number	CVV Code												
Expiry Date (mm/yy)													
TEL	+60.3.2182.3000												
EMAIL	spekl@spe.org	Name as it appears on card _____ Zip/Postal code of card _____ Billing address of card _____ Signature _____											

Cancellation Policy

- Cancellation in writing must be received by this office no later than **24 October 2017** to receive a refund less USD150 processing fee.
- Cancellation after **24 October 2017** is not eligible for refund.
- No refund will be issued if a registrant fails to attend.