

HFCE 8th International Halal Food Conference

Registration Form

ONE REGISTRATION PER ATTENDEE • REGISTRATION WILL BE CLOSED ON FEBRUARY 21, 2020

First Name: _____ Last Name: _____

Position: _____

Company: _____ VAT No. _____

Address _____

City: _____ State: _____ Post Code: _____

Country: _____

Phone Number: _____ Email: _____

Please check box which ever applicable (required)

I am attending: Day 1 Day 2 Banquet Dinner Day 3 Day 4

I am attending as: Speakers Sponsor HFCE Certified Client Other Attendees

Payment Options (please select one) **Total Amount: € (Euros)** _____ Registration Date: _____
d mo year

For Credit Card Payments:

Card Number _____ Exp. Date _____ Security Code _____

Name on Card _____ Signature _____

For Company Check: Invoice will be sent by HFCE, make check payable to **Halal Food Council of Europe**
4 Rue De La Presse, 1000 Brussels, Belgium

For Bank Transfer: Account No. **IBAN: BE28 3631 8595 6720**
BIC: BBRUBEBB

Please submit registration form to Ms. Nurita Syah by fax to +32 2218 3141 or e-mail to halal@hfce.eu