

SPECIALIZED EVENTS AND GENERAL MARKETING ACTIVITIES - SEGMA ME

Office 1306 | Cluster N, Dome Tower | Jumeirah Lake Towers | Dubai, UAE | PO Box 128850
Tel: +971 (0)4 399 8355, +971 (0)4 399 8356 | Fax: +971 (0)4 399 8357



Mail/Fax Order Authorization Form

I Mr./Mrs./Ms. _____

Authorize: **SEGMA ME**

Establishment Number: **976 691 4873**

To Debit the sum of DHS _____ (USD 1 = AED 3.70)

In Words _____

My Card Details are:

Name on Card: _____

Expiry Date: ____ / ____ (mm/yy)

Four Digit Security Code:

(4 digits printed number above the embossed Card Number)

Card Number:

Billing Address (the address on which I receive my American Express bills):

Tel : _____ Fax: _____ Cell: _____

Signature: _____

For American Express:

This transaction is Approved Declined

Authorization Stamp & Code is: _____

Please send it back to us via Email: delight@segma.co

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Delegate Registration Form for “1st Kuwait Air Power and Air Defense Symposium (KIAPADS)”

March 26 &27 at the Regency Hotel in Kuwait City, Kuwait

Please Note: Kindly fill in your full details on the Registration and Payment Forms. You may print extra copies of the Registration form if more than one person from your organization wishes to register using the same American Express card – in this case please remember to calculate the total amount to be debited. Once completed these forms must be emailed to delight@segma.co along with Photocopy/scanned valid ID (with photo and signature) of authorized user.

Terms and Conditions: The registration fee is non-transferable and non-refundable except in case of event cancellation.

*The amount to be debited must be converted into UAE Dirhams (DHS) as indicated.

**SEGMA ME strictly adheres to the security requirements designed to prevent fraudulent use under guidance from American Express. SEGMA ME is in no way liable for any fraudulent use of American Express accounts.

| Details | |
|-----------------|---|
| Title | Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> (Ret.) _____ |
| First Name(s) | |
| Family Name | |
| Nationality | |
| Job Title | |
| Organization | |
| Address | PO Box/ Postal Code |
| Contact Details | Email: Tel: _____ Cell: _____ Fax: _____ |