

REGISTRATION FORM International Delegates

Please send Registration forms to admin@eonetnetwork.org.my
or fax to **+603-2300 0249** | www.eonetnetwork.org

Registration Closing Date:
15 April 2010

Tick	Event Fees and General Information	Per Person	Per team of 6
<input checked="" type="checkbox"/>	DAY 1 (Tuesday, 27 April @ 9am - 8pm)		
<input type="checkbox"/>	1 DAY SEMINAR (fee is waived if attending any 2 day workshop)	US\$350	
Group Registration			
	DAY 2 (Wednesday, 28 April @ 9am - 5pm)		
<input type="checkbox"/>	1 - DAY WORKSHOP 1 ** "Hidden Champions" by Hermann Simon		US\$4,500
<input type="checkbox"/>	2 - DAY WORKSHOP 2 "Mastering the Rockefeller Habits" by Patrick Thean		US\$7,000
	DAY 3 (Thursday, 29 April @ 9am - 5pm)		
<input type="checkbox"/>	1 - DAY WORKSHOP 3 ** "Marketing: A Critical Function for Growth Firms" by Verne Harnish		US\$4,500
<input type="checkbox"/>	1 - DAY WORKSHOP 4 for EO members & CEOs only "Mastering the Skill of Constructive Influence" by Dr. William Horton	US\$1,500	
<input type="checkbox"/>	**Special Price 2 Workshops (1 + 3)		US\$6,250
Additional Associates			
<input type="checkbox"/>	WORKSHOP 2 ONLY	US\$1,450	
<input type="checkbox"/>	WORKSHOP 1 & 3 COMBINED	US\$1,250	
<input type="checkbox"/>	WORKSHOP 1 or 3 ONLY	US\$1,000	

Payment Details

Telegraphic Transfer

Account Name : EO Malaysia-EO_Taipan
 Account Number : 5147 2110 3176
 Swift Code : MBB EMY KL
 Bank : MAYBANK BHD
 Bank Address : No. 21 & 23, Jalan 23/70A, Desa Sri Hartamas, 50480 Kuala Lumpur, Malaysia
 T +603 6203 5600
 Special Instructions : Payment for EO_Taipan 2010
 Sender : Member's Name:
 EO Chapter:

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Cheque

Payable to : EO Malaysia-EO_Taipan
Send to : Entrepreneurs' Organization Malaysia Chapter
Attn : Ms. Gwennie Lee (Gwen)
12-2, Jalan 24/70A, Desa Sri Hartamas, 50480 Kuala Lumpur, Malaysia

Credit Card

Name on card :
Credit Card no. :
Card type : VISA / MC
Expiry Date :

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

PERSONAL INFORMATION

Mr. Mrs. Ms. Dr. Others (please specify)

First Name

Last Name

Designation

Mobile* Email*

Organization

Telephone Fax

Mailing Address

 Postal Code

Contact Person Email

(PA/Secretary)

**Mandatory for future notifications*

ACCOMPANYING ASSOCIATES

NAME	DESIGNATION
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>