



# GROUP REGISTRATION FORM

## OFFSHORE TECHNOLOGY CONFERENCE ASIA

17 - 19 August 2020 | Kuala Lumpur Convention Centre, Malaysia

Registration Deadline: **3 August 2020**

**Group Registration Package**

**USD 3,080**

Purchase four (4) full conference registrations in one group and receive additional:

- One (1) complimentary full conference delegate registration (valued at USD770); and
- Five (5) complimentary exhibition visitor passes (valued at USD400)

### TERMS & CONDITIONS (GROUP REGISTRATION PACKAGE)

#### Registration Fee

- Group must be registered at one time to entitle for group registration package.
- This package is for registrations of full conference delegates (member or non-member) only.
- This package is not applicable for the following registration categories: Speaker/ Author / Committee / Session Chair; One-Day Member; One-Day Non-Member; Exhibitor; Visitor and/or Student.
- Fee DOES NOT include accommodation. OTC will provide details of recommended hotels upon receipt of your registration.
- Registration of participant will only be confirmed upon registration and receipt of full payment or an acceptable employer's letter guarantee.
- All outstanding payments must be received on or prior to the date of the event for participants to be allowed to attend. OTC reserves the right to cancel the registration if no payment is received prior to or on the date of the event.
- Full fee is charged regardless of the length of time the Participant attends the event and cannot be pro-rated.

#### Taxes

- Fee are made free and clear of, and without any deduction or withholding for and on account of, any taxes, duties or other deductions. Any such deduction or withholding, if required by the laws of any country are the sole responsibility of the Participant.

#### Cancellation Policy

- A processing fee of USD 600.00 will be charged for cancellation received before 3 August 2020.
- No refund for cancellation received after 3 August 2020.
- Participant who failed to attend will not be eligible for a refund.
- Cancellation must be notified in writing to OTC.

#### Privacy Policy

- OTC cares about the protection of your personal information. OTC's Privacy Policy describes your rights and choices regarding the personal information that you provide to us.
- OTC's Privacy Policy describes the practices regarding how OTC collects, uses, discloses, or transfers the personal information that you share with us or that we collect about you when you attend one of our events or visit our websites, or use our mobile applications.
- Please visit our website at <http://www.otcnet.org/privacy-policy> for further details on OTC's Privacy Policy. We reserve the right to amend the OTC Privacy Policy at any time and will place the latest version on our website.

#### Disclaimer

- OTC reserves the right to change the speaker(s), date(s), venue or to cancel the event should circumstance beyond its control arises.
- OTC will not be liable to you for any damages, costs, losses or expenses of any kind incurred or suffered by you as a result of or in relation to OTC modifying, postponing or cancelling the event or any part of the event.
- The Participant acknowledges and agrees that by registering for this event, the Participant accepts these Terms and Conditions and agrees to be bound by them.



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### SECTION A - COMPANY INFORMATION

By registering for this event, the registrant agrees to abide by the Terms & Conditions.

#### COMPANY INFORMATION

Company Name			
Mailing Address			
City		State/ Province	
Postal Code		Country	
Office Phone		Office Fax	
Contact Person Name		Job Title	
Direct Line		Mobile Phone	
Email Address			
<b>Which best describes your organisation's primary business? (Please check one only)</b>			
<input type="checkbox"/> Consulting <input type="checkbox"/> Education <input type="checkbox"/> Engineering / Construction <input type="checkbox"/> Exploration and Production <input type="checkbox"/> Finance / Insurance / Legal <input type="checkbox"/> Geosciences <input type="checkbox"/> Government / Regulators <input type="checkbox"/> Hardware / Equipment <input type="checkbox"/> IT and Software Development <input type="checkbox"/> Manufacturing / Original Equipment Suppliers <input type="checkbox"/> Marine Services and Shipping Logistics <input type="checkbox"/> New / Alternative Energy <input type="checkbox"/> Oilfield Services <input type="checkbox"/> Telecommunications <input type="checkbox"/> Unmanned/Remote/Autonomous Systems & Vehicles/Drones/Robotics (Surface/Aerial/Underwater) <input type="checkbox"/> Others: _____			

#### REGISTRATION FEE

Description	Fee	Tick (✓)	Amount (USD)
Group Registration Package	USD 3,080		

#### PAYMENT METHODS

**Telegraphic Transfer**  
Bank details will be provided in the invoice.

**Credit Card**  
OTC accepts American Express, Visa, MasterCard and Diners Club and payment will be processed in US Dollars only.

To pay online, go to: <http://2020.otcasia.org/>.  
For manual payment, you will receive an email with instruction on securely submitting your payment.

OTC Contact:  
**Offshore Technology Conference Asia**  
P.O. Box 10054  
50700 Kuala Lumpur Malaysia  
Tel: +60 3 2182 3000 Fax: +60 3 2182 3030  
Email: [otcasiareg@otcnet.org](mailto:otcasiareg@otcnet.org)



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## OFFSHORE TECHNOLOGY CONFERENCE ASIA

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### SECTION B - ATTENDEE INFORMATION

Please complete all the attendee information below.

ATTENDEE #1 INFORMATION			
First Name (Forename)		Last Name (Surname)	
Nationality			
Job Title			
Company Name			
Mailing Address			
City		State/Province	
Postal Code		Country	
Office Phone		Office Fax	
Direct Line		Mobile Phone	
Email Address			
Please indicate your name as they should appear on meeting badge.			
<b>I would like to receive updates on products, services and events from OTC.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, your information will be used in accordance with OTC Privacy Policy and you can unsubscribe at any time by sending your request to <a href="mailto:otcasia@otcnet.org">otcasia@otcnet.org</a> .			
<b>Membership, please check all that apply:</b> Membership # _____ <input type="checkbox"/> AAPG <input type="checkbox"/> AIChE <input type="checkbox"/> AIME <input type="checkbox"/> ASCE <input type="checkbox"/> ASME <input type="checkbox"/> IADC <input type="checkbox"/> IBP <input type="checkbox"/> IEEE-OES <input type="checkbox"/> MTS <input type="checkbox"/> PESA <input type="checkbox"/> SEG <input type="checkbox"/> SME <input type="checkbox"/> SNAME <input type="checkbox"/> SPE <input type="checkbox"/> TMS			
<b>Which best describes your job title? (Please check one only)</b> <input type="checkbox"/> C-Level Executive <input type="checkbox"/> Senior Management / Head of Department / Custodian <input type="checkbox"/> Manager / Supervisor / Foreman <input type="checkbox"/> Staff / Executive / Administrator <input type="checkbox"/> Student			
<b>Which best describes your job function? (Please check one only)</b> <input type="checkbox"/> Business / Strategy / Economics <input type="checkbox"/> Downstream and Petrochemicals <input type="checkbox"/> Drilling and Completions <input type="checkbox"/> Education <input type="checkbox"/> Gas and Pipelines <input type="checkbox"/> Geoscience <input type="checkbox"/> HSE / Security / Social Responsibility <input type="checkbox"/> IT / Data / Analytics <input type="checkbox"/> Maintenance and Integrity <input type="checkbox"/> Naval and Marine <input type="checkbox"/> New / Alternative Energy <input type="checkbox"/> Power Generation and Transmission / Regasification <input type="checkbox"/> Production and Operations <input type="checkbox"/> Projects and Assets <input type="checkbox"/> Purchasing and Procurement <input type="checkbox"/> Reservoir <input type="checkbox"/> Sales / Marketing / Communications <input type="checkbox"/> Others: _____			

ATTENDEE #2 INFORMATION			
First Name (Forename)		Last Name (Surname)	
Nationality			
Job Title			
Company Name			
Mailing Address			
City		State/Province	
Postal Code		Country	
Office Phone		Office Fax	
Direct Line		Mobile Phone	
Email Address			
Please indicate your name as they should appear on meeting badge.			
<b>I would like to receive updates on products, services and events from OTC.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, your information will be used in accordance with OTC Privacy Policy and you can unsubscribe at any time by sending your request to <a href="mailto:otcasia@otcnet.org">otcasia@otcnet.org</a> .			
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<b>Which best describes your job function? (Please check one only)</b> <input type="checkbox"/> Business / Strategy / Economics <input type="checkbox"/> Downstream and Petrochemicals <input type="checkbox"/> Drilling and Completions <input type="checkbox"/> Education <input type="checkbox"/> Gas and Pipelines <input type="checkbox"/> Geoscience <input type="checkbox"/> HSE / Security / Social Responsibility <input type="checkbox"/> IT / Data / Analytics <input type="checkbox"/> Maintenance and Integrity <input type="checkbox"/> Naval and Marine <input type="checkbox"/> New / Alternative Energy <input type="checkbox"/> Power Generation and Transmission / Regasification <input type="checkbox"/> Production and Operations <input type="checkbox"/> Projects and Assets <input type="checkbox"/> Purchasing and Procurement <input type="checkbox"/> Reservoir <input type="checkbox"/> Sales / Marketing / Communications <input type="checkbox"/> Others: _____			



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### SECTION B - ATTENDEE INFORMATION (Continued)

#### ATTENDEE #3 INFORMATION

First Name (Forename)		Last Name (Surname)	
Nationality			
Job Title			
Company Name			
Mailing Address			
City		State/Province	
Postal Code		Country	
Office Phone		Office Fax	
Direct Line		Mobile Phone	
Email Address			
Please indicate your name as they should appear on meeting badge.			
<b>I would like to receive updates on products, services and events from OTC.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, your information will be used in accordance with OTC Privacy Policy and you can unsubscribe at any time by sending your request to <a href="mailto:otcasia@otcnet.org">otcasia@otcnet.org</a> .			
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<b>Which best describes your job title? (Please check one only)</b> <input type="checkbox"/> C-Level Executive <input type="checkbox"/> Senior Management / Head of Department / Custodian <input type="checkbox"/> Manager / Supervisor / Foreman <input type="checkbox"/> Staff / Executive / Administrator <input type="checkbox"/> Student			
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#### ATTENDEE #4 INFORMATION

First Name (Forename)		Last Name (Surname)	
Nationality			
Job Title			
Company Name			
Mailing Address			
City		State/Province	
Postal Code		Country	
Office Phone		Office Fax	
Direct Line		Mobile Phone	
Email Address			
Please indicate your name as they should appear on meeting badge.			
<b>I would like to receive updates on products, services and events from OTC.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, your information will be used in accordance with OTC Privacy Policy and you can unsubscribe at any time by sending your request to <a href="mailto:otcasia@otcnet.org">otcasia@otcnet.org</a> .			
<b>Membership, please check all that apply:</b> Membership # _____ <input type="checkbox"/> AAPG <input type="checkbox"/> AIChE <input type="checkbox"/> AIME <input type="checkbox"/> ASCE <input type="checkbox"/> ASME <input type="checkbox"/> IADC <input type="checkbox"/> IBP <input type="checkbox"/> IEEE-OES <input type="checkbox"/> MTS <input type="checkbox"/> PESA <input type="checkbox"/> SEG <input type="checkbox"/> SME <input type="checkbox"/> SNAME <input type="checkbox"/> SPE <input type="checkbox"/> TMS			
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### SECTION B - ATTENDEE INFORMATION *(Continued)*

#### ATTENDEE #5 INFORMATION (COMPLIMENTARY)

First Name (Forename)			Last Name (Surname)		
Nationality					
Job Title					
Company Name					
Mailing Address					
City			State/Province		
Postal Code			Country		
Office Phone			Office Fax		
Direct Line			Mobile Phone		
Email Address					
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<b>Membership, please check all that apply:</b> Membership # _____ <input type="checkbox"/> AAPG <input type="checkbox"/> AIChE <input type="checkbox"/> AIME <input type="checkbox"/> ASCE <input type="checkbox"/> ASME <input type="checkbox"/> IADC <input type="checkbox"/> IBP <input type="checkbox"/> IEEE-OES <input type="checkbox"/> MTS <input type="checkbox"/> PESA <input type="checkbox"/> SEG <input type="checkbox"/> SME <input type="checkbox"/> SNAME <input type="checkbox"/> SPE <input type="checkbox"/> TMS					
<b>Which best describes your job title? (Please check one only)</b> <input type="checkbox"/> C-Level Executive <input type="checkbox"/> Senior Management / Head of Department / Custodian <input type="checkbox"/> Manager / Supervisor / Foreman <input type="checkbox"/> Staff / Executive / Administrator <input type="checkbox"/> Student					
<b>Which best describes your job function? (Please check one only)</b> <input type="checkbox"/> Business / Strategy / Economics <input type="checkbox"/> Downstream and Petrochemicals <input type="checkbox"/> Drilling and Completions <input type="checkbox"/> Education <input type="checkbox"/> Gas and Pipelines <input type="checkbox"/> Geoscience <input type="checkbox"/> HSE / Security / Social Responsibility <input type="checkbox"/> IT / Data / Analytics <input type="checkbox"/> Maintenance and Integrity <input type="checkbox"/> Naval and Marine <input type="checkbox"/> New / Alternative Energy <input type="checkbox"/> Power Generation and Transmission / Regasification <input type="checkbox"/> Production and Operations <input type="checkbox"/> Projects and Assets <input type="checkbox"/> Purchasing and Procurement <input type="checkbox"/> Reservoir <input type="checkbox"/> Sales / Marketing / Communications <input type="checkbox"/> Others: _____					

### SECTION C - COMPLIMENTARY VISITOR PASSES

Please complete the visitor passes details below for OTC Asia to send the invitation by email.

#### FIVE (5) COMPLIMENTARY VISITOR PASSES

No.	First Name (Forename)	Last Name (Surname)	Email Address
1.			
2.			
3.			
4.			
5.			