



ICBMS 2026 DELEGATE REGISTRATION FORM

Personal Information					
Type of Participant	<input type="checkbox"/> Local	<input type="checkbox"/> Foreign	ATTACH PHOTO HERE		
Designation	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss
First Name:	Last Name:				
Middle Initial: (e.g. Peter = P.)	Sex: Male <input type="radio"/> Female <input type="radio"/>				
Nationality:	Date of Birth:				
Occupation:	Mobile Number:			Marital Status	
Email:	Fax:		Single <input type="radio"/>	Married <input type="radio"/>	
Residential Address:		Permanent Address (Leave blank if same as residential address):			
City:	State:	City:	State:		
Country:	Zip-code:	Country:	Zip-code:		
<i>Please provide us with the biographic page of your International Passport for name accuracy.</i>					
Passport Number:	Date Issued:	Expiry Date:			
Name of person who invited you / How did you hear about the conference?					

Next Of Kin		
Name:	Relationship:	
Address:	Email:	
Address:	Mobile Number:	
City:	State/Province:	Country:

Additional Information for Foreign Delegates					
Have you ever been issued a US visa?	<input type="checkbox"/> YES	Issued Date:	Do you have a valid US visa?	<input type="checkbox"/> YES	Issued Date:
	<input type="checkbox"/> NO	Expiry Date:		<input type="checkbox"/> NO	Expiry Date:
Do you have relatives living in the US?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			



GLOBAL ALLIANCE FOR INDEPENDENT BUSINESS PROFESSIONALS - [GAIBP]

International Conference on Business Management and Sustainability

(ICBMS 2026)

Venue: Los Angeles, California, U.S.A | Date: October 6 – 9, 2026

Delegate Dietary Requirement

For catering purposes at the conference and Welcome Reception. Please specify if you have any special dietary requirement

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Gluten free | Others, please specify
1.
2. |
| <input type="checkbox"/> Allergy to nuts | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Halal | |

Declaration

I.....(Delegate's full name), certify that the information provided for registration is valid and that any falsification of information may lead to rejection of my application.

Applicant Signature:

Date:



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OFFICE USE ONLY

REGISTRATION NUMBER:

Date:

*Please return the completed form with other supporting documents to the secretary via email - secretary@gaibpo.org / secretary.gaibpo@gmail.com