**REGISTRATION FORM**



**APF MEETINGS & EVENTS**

**DECEMBER11-14, 2017, COLOMBO, SRI LANKA**

**Hosted by :Sri Lanka Institute of Packaging ( slip)**

**Address: 37/1, Elibank Road, Colombo-5**

***Please complete this form and return it to e-mail not later than 20th October 201******7 to the Sri Lanka institute of Packaging***

E-mail: slip@sltnet.lk (copy to committee chairman: dhasura@sltnet.lk: Tel:+94-114734351 / +94-112081238

Mobile :+94-777555008

[[**Attendee Information:**

|  |  |
| --- | --- |
| [ ]  Prof. [ ] Dr. [ ] Mr. [ ] Ms. | [ ] 　Head of Delegation |
| First name: |  | Last name: |  |
| Organization: |
| Office address:  |
| Country: Nationality:  |
| Phone : Cell phone: | Fax: | E-mail: |
| [ ] Do you need an invitation letter for a VISA? If yes, please provide us the following details:Date of Birth : ……………… Passport No: … …………… Date of Issue:… …………… Date of Expiry:… |

**Schedule of APF Meetings & Events:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **10 Dec, 2017 (Sunday)** | **Time****(Hrs)** | **11 Dec, 2017 (Monday)** | **Time****(Hrs)** | **12 Dec, 2017** **(Tuesday)** | **Time****(Hrs)** | **13 Dec, 2017 (Wednesday)** | **14 Oct, 2017 (Thursday)** |
| **Arrival of Guests** **19.00 to 22.00****Welcome Cocktails & Dinner** | 0930-1230 | **APF Anniversary Celebrations committee meeting**  | 0930-1230 | **ASIASTAR 2016 Judging** | 0930-1330 | **67th Board of Administration Meeting (BOA** | **Pre-planned Tours** **Departure of the guests**  |
| 1230-1330 | Lunch Break | 1230-1330 | Lunch Break  | 1330-1430 | Lunch Break |
| 1330-1600 | **CAPP Committee meeting** | 1330-1730 | **ASIASTAR 2016 Judging****continued** | 1430-1730 | **42th General Assembly (GA) Meeting** |
| 1600-1800 | ***APF Honorary Members Meeting*** |  |  | 1730-1830  | Free Time |
| 1800-1830 | **Free Time** | 1730-1830 | **Free Time** |
| 1830-2100 | **Dinner Hosted by SLIP** | 1830-2100 | **Dinner Hosted by SLIP** | 1830-2100 | **AsiaStar 2017 Awards Ceremony&Gala Dinner**  |  |

**Attendance of Meetings & Events: (Please tick)**🗹

[ ]  Sun.Dec. 10: Welcome Cocktails / Dinner.

[ ] I have accompanying person whose name is:……………………………………………)

[ ]  Mon.Dec. 11: APF Anniversary Committee meeting (only the Committee members & special invitees

[ ]  Mon.Dec. 11: CAPP Committee meeting. (only the Committee members & special invitees)

[ ]  Mon.Dec. 11: APF Hon. Members meeting. (only the APF Honorary Members& special invitees)

[ ]  Mon.Dec. 11: Dinner on Boat

 [ ] I have accompanying person whose name is:……………………………………………)

[ ]  Tues.Dec. 12: Asia Star 2017 Judging

 [ ] I have accompanying person whose name is:……………………………………………)

[ ]  Tues.Dec. 12: Dinner at a Sea Side Hotel

 [ ] I have accompanying person whose name is:……………………………………………)

[ ]  Wed. Dec. 13: APF Executive 67th Board Meeting &42nd GA Meeting

[ ] I have accompanying person whose name is:……………………………………………)

[ ]  Wed.Dec. 13: Gala Dinner &AsiaStar 2017/LankaStar2017 Awards Ceremony.

[ ] I have accompanying person whose name is:……………………………………………)

[ ]  Thurs.Dec. 14: Participation in pre-planned tours

[ ] I have accompanying person whose name is:……………………………………………)

**Accommodation charges at Hotel The Galadari, Colombo, Sri Lanka :**

**US$ 520 for four nights (single occupancy)**&**US$ 600for four nights(double occupancy)** to be paid to Sri Lanka Institute of Packaging (SLIP).

The charges will be inclusive of breakfast, all taxes, accommodation for four nights (i.e., 10th, 11th , 12th& 13th Dec, 2017).

In addition, SLIP will arrange all meals including evening cocktails & Dinners, airport transfer in group, gala dinner and AsiaStar award night on complimentary basis.

**Address of Accommodation: Galadari Hotel, 64, Lotus Road, Colombo -01, Sri Lanka –Tel*:(94) 112544544***

Check-in date: December, 10th, 2017 (or ………………)

Check-out date: December, 14th, 2017 (or ……………..)

Payment should be done to SLIPvia bank transfer before the visit or credit card/cash upon arrival.

Mode of Payment:
**Company Name**: Sri Lanka Institute of Packaging

**Bank Account No.** 002010013641

**Name of the Bank:** Hatton National Bank
**BankAccount: Current/ Saving**:   CURRENT
**Bank Address:** Hatton National Bank, City Office, Colombo-1

**Bank Branch:** City Office,

**SWIFT Code** -  **HBLILKLX**