



## PRIVATE BUSINESS TRADE NETWORK (PBTNET)

Conference on Global Trade and Export Finance, CGTEF 2025  
Jacksonville, Florida.

### CGTEF 2025 DELEGATE REGISTRATION FORM

Personal Information			
Type of Participant	<input type="checkbox"/> Local <input type="checkbox"/> Foreign		<b>ATTACH PHOTO HERE</b>
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:		
Email:	Fax:	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
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:	
	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				



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### Delegate Dietary Requirement

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

☐ Vegetarian

☐ Vegan

☐ Gluten free

Others, please specify

☐ Allergy to nuts

☐ Lactose Intolerant

☐ Halal

1. ....

2. ....

### 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@pbttnet.org](mailto:secretary@pbttnet.org) / [info.pbttnet@gmail.com](mailto:info.pbttnet@gmail.com)