

REGISTRATION FORM

Mission costs include

- *Government and business briefings
- *VIP airport / hotel / reception transfers
- *Ground transportation to / from meetings
- *Cost, processing and handling of all visas
- *Economic, political & security briefings
- *In-country industry site visits
- *In-country orientation tours
- *Registration fees for logistics and staffing

Not included in Mission costs:

- *Insurance coverage
- *Incidental Charges (i.e. laundry, newspapers, email, faxes and phone charges, etc.)
- *Immunization and other health care costs
- *Air fare (a discounted group fare has been negotiated through our travel agency and is available to delegates)
- *Hotel Lodging (a discounted block of rooms has been reserved at each designated hotel and is available for our delegates)

The agenda for this Trade Mission is scheduled to include the following activities in the three countries:

- Meetings with US Ambassadors
- Meetings with US Commercial Service
- Meetings with National Oil Company Executive Management
- Meetings with National Oil Company Procurement Divisions
- Meetings with Chambers of Commerce & Industry and certain Ministries
- Meetings with National Economic Development Boards
- Energy Facility Site Visits
- Business Conferences
- Networking Events with local Business Communities and In-country Dignitaries

Application Instructions: To participate, you must submit the completed Registration Form and company logo, Travel Waiver and Credit Card Authorization to the Bilateral US-Arab Chamber of Commerce by **March 15, 2010.**

Cancellation policy: If for any reason you can not attend, you may contact our office, in writing, a minimum of 14 days before departure and a substitute may attend in your place. Additional fees based on late visa applications may apply.

The Bilateral Chamber will not be able to provide refunds.

REGISTRATION FORM

Company Name _____

Address _____

Phone _____ Fax _____

Email _____ Website _____

Name _____ Title _____

Company Profile: _____

Please submit the following forms via either of the following:

E-MAIL: aseel@bilateralchamber.org FAX: 713-880-8278

MAIL: Bilateral US-Arab Chamber of Commerce, 2323 S. Shepherd Suite 1150 Houston, TX 77019.

TRAVEL WAIVER
THIS IS A RELEASE OF LEGAL RIGHTS
READ AND UNDERSTAND BEFORE SIGNING

Voluntary Participation. I hereby acknowledge that participation in this trip is entirely voluntary. This agreement confirms my understanding of the following:

1. **Risks of International Travel.** I understand that participation in the program and international travel involves risks. These include without limitation risks involved in traveling to and within, and returning from, international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards substantially below those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling in countries abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are not equivalent to life in the United States. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Bilateral US-Arab Chamber of Commerce (BUSACC) recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well being.

I have read and fully understand the U.S. Department of State Consular Information Sheet about the country and/or countries to which I plan to travel on this particular Trade Mission (available on the State Department website at <http://travel.state.gov>).

2. **Health Insurance;** Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destinations. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the mission. I will be solely responsible for payment in full of all costs of medical care I may receive overseas. I understand and agree that if, during my participation in the mission, BUSACC learns that I am experiencing serious health problems, have suffered an injury, or otherwise am in a situation that raises significant health and safety concerns, then BUSACC may contact any person whose name I have provided as my "emergency contact." I understand that BUSACC ordinarily will not initiate such contact without first having a discussion with me and try to obtain my approval. BUSACC will exercise but use its sole discretion.

3. **Standards of Conduct.** I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws, regulations, customs and culture, with BUSACC's policies for conduct and with the policies of any host institution (if any). I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with BUSACC's policies, standards and instructions for mission participant behavior. I agree that BUSACC has the right to enforce all standards of conduct described above.

4. **Travel Arrangements.** I understand that BUSACC does not represent nor act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the mission. I understand that BUSACC is not responsible for matters that are beyond its control, particularly in a foreign country, and that it cannot warrant the safety or convenience of the circumstances under which I will be living, traveling or working.

5. **General Release.** Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the mission. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify BUSACC, and its officers, directors, employees, staff, representatives, and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the mission (including periods in transit to or from my destinations), resulting from any cause, including but not limited to ordinary or gross negligence. I certify that I am age 18 or older and that I have carefully read and freely signed this **Travel Waiver, Assumption of Risk and General Release Form**. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this Agreement shall be governed by the laws of the State of Texas (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this Agreement or the mission.

Signature _____ Date _____

Credit Card Authorization

Master Card ___ Visa ___ American Express ___ Discover ___ Other ___

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Exp Date: ___/___/___

Member Non Member

Amount Charged: \$ _____ Date: ___/___/___

Name: _____

Company Name: _____

Street Address: _____

City State Zip Code

Billing Address: _____

City State Zip Code

Telephone: (_____) _____

Facsimile: (_____) _____

Email: _____

WIRE TRANSFER INFORMATION

BANK NAME: WACHOVIA BANK

BANK ADDRESS: HOUSTON, TEXAS

ACCOUNT NAME: BUSACC

ACCOUNT ADDRESS: PO BOX 571870 HOUSTON, TEXAS 77257-1870

ACCOUNT NO: 2000038403004

ABA: 111015159