AFRICA MEDICAL EXECUTIVES & MEDICAL TOURISM CONFERENCE DELEGATE REGISTRATION INFORMATION Wednesday 28 - Friday 30 August, 2013 Cote d'Ivoire

Enrollment Information: To confirm your participation, please complete, sign, scan and email your signed registration to DBE-GSMEC Jules Gervais: jules@globalsmeconference.com

Registration is subject to the approval by DBE-ASMEC Production Management. Upon approval you will receive a welcoming letter confirmation your attendance. Please note all information will be used solely for the organization of the event

PARTICIPANT ENROLLMENT INFORMATION

- 1. Please list your sector and/or primary business activity
- 2. Please indicate your company annual revenue _____
- 3. Please indicate number of employees in your organization
 a) Africa:
 b) Worldwide:
- 4. Who beside yourself has control over your budget?
- 5. To whom (Job title) do you report:
- Are you the ultimate decision-maker over your budget: □ yes □No
- 7. What major issues or topics would be of any interest? :

DBE Inc.



Africa Subject Matter Experts Conference

9. Please list of your entitled company guests or colleagues (Name, Position & contact info) attending this conference:

| D2: | |
|-----------|---------|
| DL/Cell : | Email: |
| D3: | |
| | Email: |
| D4: | |
| | Email : |
| D5: | |
| DL/Cell : | Email : |
| D6: | |
| | Email : |
| D7: | |
| | Email |
| D8: | |
| DL/Cell: | Email: |

If yes to other topic please indicate which topic:

By signing this agreement, I / Enrollee hereby acknowledge that the above information is correct.

PRINT NAME:

Signature: ____

Date: ___

AFRICA MEDICAL EXECUTIVES & MEDICAL TOURISM CONFERENCE THEME: RETHINKING AFRICA HEALTHCARE INDUSTRY FINANCES & MANAGEMENT

Registration Contract

Please complete this form immediately and scan and email it back to: Jules Gervais jules@globalsmeconference.com

| Registration Details | |
|----------------------|--|
| Name: | |
| Position: | |
| Email: | |
| Company: | |
| Website: | |
| Address: | |
| City: | |
| State/Province: | |
| ZIP /Postal Code: | |
| Country: | |
| DL Tel: | |
| Name of Assistant: | |
| Email of Assistant: | |
| Company Size: | |
| | |

Registration Fee: 🔲 US\$ 50 delegates from Africa 🗆 US\$ 250 from Outside of Africa

Online Documentation: US\$ 100

PAYMENT METHOD: CERTIFIED CHEQUE OR CREDIT CARD PLEASE CHARGE MY:

| 🗖 VISA | MASTER CARD | AMEX | | | | |
|---------------------|-----------------|------|--|--|--|--|
| Card Billing | | | | | | |
| Address: | | | | | | |
| City: | State/Province: | | | | | |
| ZIP / Postal Code: | | | | | | |
| Card Holder's Name: | | | | | | |
| Signature: | | | | | | |
| Card Number: | | | | | | |
| Verification Number | : Exp. Date:_ | / | | | | |

Confirmation Details - if you do not receive a letter outlining the conference details two weeks prior to the event, please contact the Conference Coordinator at DBE Inc. – Africa Subject Matter Experts Conference

DBE Inc. ASMEC Africa Subject Matter Experts Conference

"Catching Up With The Speed Of The Fast Change...."

For Speaking and Sponsoring Opportunities Please Contact: Jules Gervais

Phone: +416-820-6431 / +647-547-7156

jules@globalsmeconference.com www.africasmeconference.com

www.anicasmecomerence.com

DBE Inc. CRA-ARC BN : 80747 0695 RT0001

 Conference: Africa Medical Executives & Medical Tourism Conference

 Dates:
 August 28-30, 2013

 Location:
 COTE D'IVOIRE

Terms & Conditions: DreamBackers Enterprises Inc. DBE-ASMEC Africa Subject Matter Expert Conference

 Fees are inclusive of all full conference access, online documentation, luncheon and refreshments throughout the conference. Fees are also inclusive of all service charges.

2. Payment Terms: Following completion and return of the registration form, full payment is required within 5 days from receipt. PLEASE NOTE: payment must be received prior to the conference date. A receipt will be issued on payment. Due to limited conference space, we advise early registration to avoid disappointment. A 50% cancellation fee will be charged under the terms outlined below. We reserve the right to refuse admission if payment is not received on time.

3. Cancellation / Substitution: Provided the total fee has been paid, substitution at no extra charge up to 14 days before the event are allowed subject to an administration fee of equal to 10% of the total fee that is to be transferred . Otherwise all bookings carry a 50% cancellation liability immediately after a signed sales contract has been received by Dreambackers Enterprises Inc. (as defined above). Cancellations must be received in writing by mail or fax six (6) weeks before the conference is to be held in order to obtain a full credit for any future DBE-ASMEC conference. Thereafter, the full conference fee is payable and is non refundable. The service charge is completely non-refundable and non-creditable. Payment terms are five days and payment must be made prior to the start of the conference. Non-payment or non-attendance does not constitute cancellation. By signing this contract, the client agrees that in case of dispute or cancellation of this contract that DBE-ASMEC will not be able to mitigate its losses for any less than 50% of the total contract value. If, for any reason, DBE-ASMEC decides to cancel or postpone this conference, DBE-ASMEC is not responsible for covering airfare, hotel, or other travel costs incurred by clients. The conference fee will not be refunded, but can be credited to a future conference. Event program content is subject to change without notice. 4. Copyright etc: All intellectual property rights in all materials produced or distributed by DBE-GSME in connection with this event is expressly reserved and any unauthorized duplication, publication or distribution is prohibited.

5. Client information is kept on **DBE-ASMEC** group companies database and used by **DBE-ASMEC** group companies to assist in providing selected products and services which may be of interest to the Client and which will be communicated by letter, phone, fax,(inc. automatic dialing) email or other electronic means. If you do not want **DBE-ASMEC** to do this please tick this box []. For training and security purposes telephone calls maybe recorded.

6. Important note: While every reasonable effort will be made to adhere to the advertised package, DBE-ASMEC reserves the right to change event dates, sites or location or omit event features, or merge the event with another event, as it deems necessary without penalty and in such situations no refunds, part refunds or alternative offers shall be made. In the event that DBE-ASMEC permanently cancels the event for any reason whatsoever, (including, but not limited to any force majeure occurrence) and provided that the event is not postponed to a later date nor is merged with another event, the Client shall receive a credit note for the amount that the Client has paid to such Permanently cancelled event, valid for up to one year to be used at another DBE-ASMEC event. No refunds, part refunds or alternative offers shall be made.

7. Governing law: This Agreement shall be governed and construed in accordance with the law of Canada the parties submit to the exclusive jurisdiction of the Canadian Courts. However DBE-ASMEC only is entitled to waive this right and submit to the jurisdiction of the courts in which the Client's office is located 8. Client hereby acknowledges that he/she specifically authorized that DBE-ASMEC charge the Credit listed above for the amount provided herein; that this Contract is valid, binding and enforceable; and that he/she has no basis to claim that any payment required under this contract at any time are improper, disputed or unauthorized in any way. Client acknowledge that they have read and understood all terms of this contract, including, without limitation. the provisions relating to cancelation. Authorization

| Signatory | must | be | authorized | to | sign | on | behalf | of | contracting | organization |
|------------|------|----|------------|----|------|----|--------|------|-------------|--------------|
| Name: | | | | | | | | | | |
| Position: | | | | | | | | | | |
| Email: | | | | | | | | | | |
| Signature: | | | | | | | D | ate: | | |

Internal Use Only: Job Code:

Reg. Code: