



# INTERNATIONAL NETWORK OF PRIVATE BUSINESS OWNERS [INNBPBO]

Symposium on Sustainable Business Growth and Development – SSBGD 2025

DATE: AUGUST 12 - 15, 2025

VENUE: LOS ANGELES, CALIFORNIA

## SSBGD 2025 DELEGATE REGISTRATION FORM

Personal Information			
Type of Participant	<input type="checkbox"/> Local <input type="checkbox"/> Foreign		
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"/> Divorced <input type="radio"/> Separated <input type="radio"/>	
Residential Address:		Permanent Address (Leave blank if same as residential address):	
City:	State:	City:	State:
Country:	Zip-code:	Country:	Zip-code:
Please provide us with the biographic page of your International Passport for name accuracy.			
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"/> 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

- |  |   |                                      |  |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Vegetarian      | <input type="checkbox"/> Vegan              | <input type="checkbox"/> Gluten free | Others, please specify<br>1. ....<br>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@innpbo.org](mailto:secretary@innpbo.org) / [info.innpbo@gmail.com](mailto:info.innpbo@gmail.com)