

PARTICULARS OF PRESS MEMBER

NAME (AS IN PASSPORT)			
DESIGNATION			
EMAIL			
TEL		FAX	

COMPANY INFORMATION

NAME OF PUBLICATION			
COMPANY / PUBLISHER			
CHIEF EDITOR / EDITOR			
EMAIL		WEBSITE	
TEL		FAX	
ADDRESS			

INFORMATION ON PUBLICATION

TYPE	<input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine (consumer / trade)	<input type="checkbox"/> Radio <input type="checkbox"/> Television	*** <input type="checkbox"/> Wire Service *** <input type="checkbox"/> Internet Publication <input type="checkbox"/> Others (pls specify):
FREQUENCY	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Weekly **** <input type="checkbox"/> Daily	<input type="checkbox"/> Others (pls specify):
COPIES PER ISSUE / VIEWERSHIP	Over 25,000 daily		
DISTRIBUTION	<input type="checkbox"/> Africa <input type="checkbox"/> Central / South America <input type="checkbox"/> North America	<input type="checkbox"/> Asia <input type="checkbox"/> Eastern Europe <input type="checkbox"/> USA	<input type="checkbox"/> Australia / New Zealand <input type="checkbox"/> Middle East <input type="checkbox"/> Others (pls specify): GLOBAL
LANGUAGE	**** <input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Others (pls specify):

ALL INFORMATION ARE TO BE COMPLETED IN FULL AND FORM SHOULD BE RETURNED TO FAX NO. 65-67358409 OR EMAIL TO faithng@taff.org.sg by 15 July 2007. Registration is accepted at the organizers' discretion. The Organizers reserve the right not to accept any registrations that are incomplete. For assistance and clarifications please contact the organizer at: faithng@taff.org.sg or call us at (65) 67358390.