

DETAILS: First Name Middle Name Last Name Nationality Place of Birth Date of Birth Date of Issue Date of Expiry Passport Number **CONTACT:** Email Phone number **ADDRESS:** Street Address Postal / Zip Code State / Province Country

City

Terms and conditions:

This is to confirm my attendance at the International All Believers International Conference (ABIC) in Hungary, July, 19th to 21st 2025 (Friday to Sunday) and payment of my €200 (euro) registration fee (non-refundable). Hotel accomodation, airfare and meals are not included.

Date: ___/___/____