



INTERNATIONAL SOCIETY OF SUGAR CANE TECHNOLOGISTS
INTERNATIONAL SUGARCANE BIOMASS UTILIZATION CONSORTIUM (ISBUC)

ISBUC FORM

Please print and tick (✓) or fill boxes where necessary, then send this form together with your Contribution to ISSCT Secretariat by e-mail: issct@intnet.mu and a copy to the ISBUC Facilitator: Dr. Philip Hobson - p.hobson@qut.edu.au.

NAME OF ORGANIZATION: _____

ADDRESS: _____

Country: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Website: _____

TYPE OF ORGANIZATION:		
<u>Producer Company</u> <input type="checkbox"/>	<u>Research Centre</u> <input type="checkbox"/>	<u>Technical/Advisory Service</u> <input type="checkbox"/>
<u>or Owner/Investor</u> <input type="checkbox"/>	Field <input type="checkbox"/>	Field <input type="checkbox"/>
Plantation <input type="checkbox"/>	Factory <input type="checkbox"/>	Factory <input type="checkbox"/>
Milling <input type="checkbox"/>	Co-Products <input type="checkbox"/>	Co-Products <input type="checkbox"/>
Both <input type="checkbox"/>		
Co-Products <input type="checkbox"/>		
<u>Association of Producers</u> <input type="checkbox"/>	<u>Technologist Association</u> <input type="checkbox"/>	<u>Sugar Industry Supplier</u> <input type="checkbox"/>
<u>Educational/University Institution</u> <input type="checkbox"/>	<u>Other:</u> State _____	Government or Private <input type="checkbox"/>

CONTACT PERSON: _____

(Give co-ordinates if different from above)

TECHNICAL REPRESENTATIVE: _____

(Give co-ordinates if different from above)

MEMBERSHIP OF ISSCT:

AFFILIATED **ASSOCIATION** **INSTITUTIONAL** **CORPORATE**

GIVE A BRIEF ACCOUNT OF ORGANIZATION'S INVOLVEMENT IN:

1. Sugar Cane/ Sugar Research in general: _____

2. Research in Biomass Utilization: _____

3. Participation in Joint Research or Consortia: _____

4. Existence of any Restrictive Agreements in relation to (3): _____

AMOUNT OF CONTRIBUTION IN USD
MINIMAL DUES USD 1000

USD: _____ (_____)

Date submitted: _____

Signatures:
Contact person: _____

Technical Representative: _____

PAYMENT OF CONTRIBUTION

Payment must be made in *US Dollars* through our online payment system or by Credit Card.

The link to online payment system is : http://issct.org.dedj75.eservices-host.com/issct_isbuc.aspx

CREDIT CARD PAYMENT

In case of payment by Credit Card, the following information must be submitted:

Name of Card Holder (as it appears on the card): _____

Credit Card type (Visa, Master, AMEX, etc...) _____

Card No. _____ **Date of Expiry:** _____

Signature of Card Holder: _____

Indicate also the C V C or C V V i.e. the last three digits on the banner at the back of your card

CREDIT CARD INFORMATION MUST BE SENT BY FAX: (230) 465 2961