



GLOBAL NETWORK OF BUSINESS OWNERS [GNBO]

Summit on Entrepreneurship and Sustainable Business Management

Date: October 7 - 10, 2025

SESBM 2025

Venue: Oakland, California

SESBM 2025 DELEGATE REGISTRATION FORM

Personal Information					
Type of Participant	<input type="checkbox"/> Local <input type="checkbox"/> Foreign		ATTACH PHOTO HERE		
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:			
Address:		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"/> YES	Issued Date:
	<input type="checkbox"/> NO	Expiry Date:		<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

☐ Vegetarian

☐ Vegan

☐ Gluten free

Others, please specify

☐ Allergy to nuts

☐ Lactose Intolerant

☐ Halal

1.

2.

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@gnbzo.org / info.gnbzo@gmail.com