

LOGO / SLOGAN COMPETITION REPLY FORM

From the participant

Last Name (Mr/Ms/Ir/Prof/Dr): First Name:

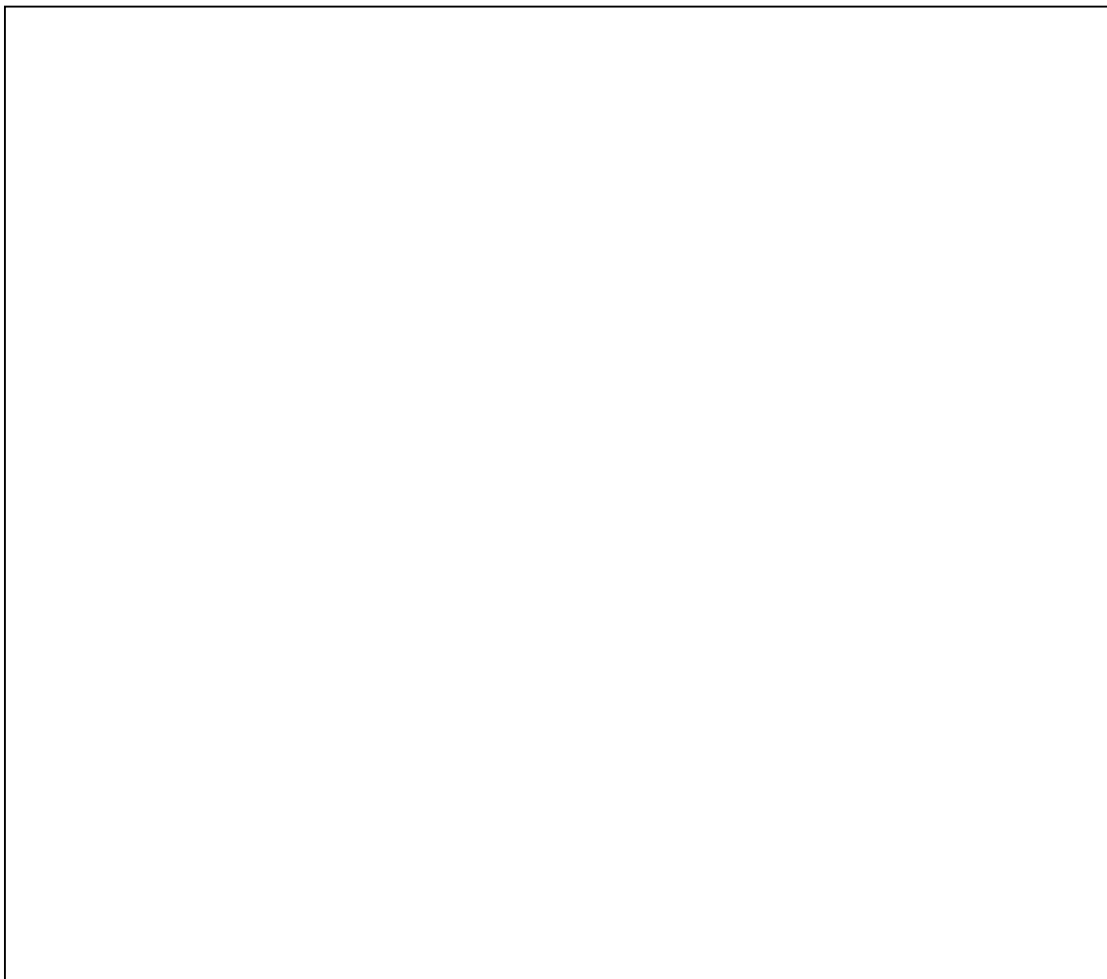
Membership Class & No: Division: AMC SSC YMC

Company Name: Position:

Contact Address:

Tel: Fax: Email:

Signature: Date:



*** LOGO / SLOGAN DESIGN** (Remarks: * delete as appropriate)

(For BSD committee use):