



GLOBAL COALITION OF SMALL-SCALE BUSINESSES (GCSSB)

GLOBAL CONFERENCE ON ENTREPRENEURSHIP AND INTERNATIONAL MARKETING

Venue: Jacksonville, Florida

Date: Tuesday, May 5th to Friday, May 8th, 2026

GCEIM 2026 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:					
Email:	Fax:			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Residential Address:		Permanent Address (Leave blank if same as residential address):				
City:	State:	City:	State:			
Country:	Zip-code:	Country:	Zip-code:			
<i>Please provide us with the biographic page of your International Passport for name accuracy.</i>						
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:		
	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			
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten free	Others, please specify 1. 2.
<input type="checkbox"/> Allergy to nuts	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Halal	

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@gcssbs.org / info.gcssbs@gmail.com	