



**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](mailto:issct@intnet.mu) and a copy to the ISBUC Facilitator: Dr. Philip Hobson - [p.hobson@qut.edu.au](mailto:p.hobson@qut.edu.au).

**NAME OF ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

<b>TYPE OF ORGANIZATION:</b>		
<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](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**