

NAME OF EXHIBITION:.....

DATE:

NAME OF EXHIBITING COMPANY

ADDRESS

NAME OF FASCIA BOARD

CONTACT PERSON

TELEPHONE

FAX

TAX INVOICE REQUIRED YES NO

VAT REGISTRATION NO

Stall Location	Rate	No. of Stalls	Stall Nos.	Total
HALL 1				
Prime Stalls
Other Stalls
HALL 2				
Prime Stalls
Other Stalls
			Advance Paid	
			Balance	