

3rd AyurEx Kandy - 2016
APPLICATION FORM- STALL RESERVATION
7th 8th & 9th of October 2016

A. COMPANY INFORMATION

Company Name (IN BLOCK LETTERS)																				
Name of the Chairman/CEO/MD	Dr	Mr	Mrs	Miss																
Address																				
Country																				
Telephone																				
Fax																				
Email																				
Website																				

B. EXHIBITION CO - ORDINATORS' INFORMATION

Name of the Co - ordinator	Dr	Mr	Mrs	Miss																
Designation																				
Address (for all communications)																				
Telephone																				
Fax																				
Mobile																				
Email																				

C . STALL BOOKING

Stall Number				
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D. NAME BOARD OF EXHIBITOR

Exhibitor Name to be displayed in the Stall (in Blok Capitals)																				

E. MODE OF PAYMENT

TOTAL AMOUNT (LKR / US\$)

(Please tick in the relevant cage for the mode of payment)

Payment could be made by :-

a) Bank draft / Cheque																				
b) Bank transfer																				
c) Direct payment																				

Cheques should be drawn in favour of **(type cheques drafts to whome)**

F. DECLARATION

We hereby apply for participation in AyurEx Kandy 2016 exhibiitiion to be held in KCC, Kandy , Sri Lanka. We agree to abide by the terms and conditions in the attached 'Exhibition Rules and Conditions' and acknowledge that exhibition Rules and Regulations form Part of our agreement with the organiser in connection with participation in AyurEx Kandy 2016.

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Signature

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Date

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For office use (Steering committee)

Payment received Rs. / USD

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 Stall confirmed and Stall No

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Signature :-

Designation :-

Date :-

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