



Application Form 2024

Company Name **Grand Udawalawe Safari Resort**
Address **912, Thanamailwila Road, Udawalawa, Sri Lanka**
Telephone Number **0094, 472232000**
Mobile Number **0094, 703902354**
Email Address **salesmanager@grandudawalawe.com**
Contact Person **Mr. Supun Welagedara**
Position of Contact Person **Manager- Sales & Marketing**
Membership Type **Non-SLAITO**
Company Scale **SME**

We require **1** Units/Of **9** sqm. **Shell Scheme**
Preferd stall No(s) [Option 01] **A15**
Preferd stall No(s) [Option 02] **A25**
Total cost of LKR **RS.**

Payment Details

All payments should be made by cheques drawn, in favour of "Sri Lanka Association of Inbound Tour Operators" and handed over to the Exhibition Secretariat, CDC Events, at the address mentioned below. If you wish to send a bank transfer please send to: "Sri Lanka Association Of Inbound Tour Operators" (A/C No. - 102002779908, Bank Name - DFCC Bank PLC, Code - 7454, Branch & Code - Fort Super Grade Branch, 111, SWIFT Code - DFCCCLKLX)



Seal

Signature

2024-01-24

Date

Supun Welagedara

Name

Manager- Sales & Marketing

Position

Organized by



Joint Event Organizer

