



### Application Form 2024

Company Name **Romano Lanka (Pvt) Ltd**  
Address **388/17c, Randolamawatha, Meetiyagoda,  
Ambalangoda, Sri Lanka**  
Telephone Number **0094, 114947474**  
Mobile Number **0094, 707444415**  
Email Address **romanolanka@gmail.com**  
Contact Person **Ms. Harshika Silva**  
Position of Contact Person **Marketing Manager**  
Membership Type **Non-SLAITO**  
Company Scale **Non-SME**

We require **1** Units/Of **2 x 2** sqm. **Shell Scheme**  
Preferd stall No(s) [Option 01] **186**  
Preferd stall No(s) [Option 02] **214**  
Total cost of LKR **RS. 39,000.00**

### **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)

ROMANO LANKA (PRIVATE) LIMITED  
NO: 388/17C, RANDOLAMAWATHA,  
MEETIYAGODA, AMBALANGODA,  
GALLE

Seal

Signature

2024-03-05

Harshika Silva

Marketing Manager

Date

Name

Position

Organized by

Joint Event Organizer

