



Application Form 2024

Company Name **hotel Elephant Bay**
Address **-, pinnewala, Rambukkana, sri lanka**
Telephone Number **0094, 035-2266731**
Mobile Number **0094, 072-3642825**
Email Address **hotelelephantbay@gmail.com**
Contact Person **Mrs. Dilki sammani**
Position of Contact Person **Assistant accountant**
Membership Type **Non-SLAITO**
Company Scale **Non-SME**

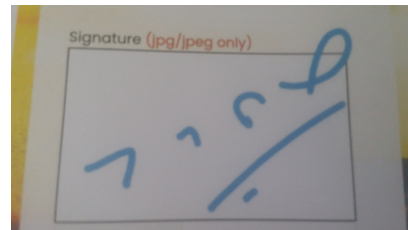
We require **non members** Units/Of **4** sqm. **Shell Scheme**
Preferd stall No(s) [Option 01] **B221**
Preferd stall No(s) [Option 02] **0**
Total cost of LKR **RS. 39,000.00**

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)



Seal



Signature

2024-04-03

Date

Thushara peiris

Name

General manager

Position

Organized by



Joint Event Organizer

