

Application Form 2025

Company Name **ABC**
 Address **10, fuewf, uef, Sri Lanka**
 Telephone Number **0094, 78534853468**
 Mobile Number **0094, 75435873456**
 Email Address **mohomedimaam@gmail.com**
 Contact Person **Mr. rrbyhde**
 Position of Contact Person **rgryurfb**
 Membership Type **SLAITO**
 Company Scale **MSME**

We require **1** Units/Of **1** sqm. **Bare Space**
 Preferd stall No(s) [Option 01] **1**
 Preferd stall No(s) [Option 02] **1**
 Total cost of LKR **RS. 1.00**

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

2025-02-05

Date

sdfdf

Name

fdf sdf

Position

Organized by



Joint Event Organizer

