

Application Form 2025

Company Name **World Travel Island**
Address **128/1/1 , Thimbirigasyaya Road, Colombo -05, Sri Lanka**
Telephone Number **0094, 77 737 7956**
Mobile Number **0094, 762362279**
Email Address **haarith@ftsacro.com**
Contact Person **Mr. Haarith Ahamed**
Position of Contact Person **Marketing Manager**
Membership Type **Non-SLAITO**
Company Scale **Non-MSME**

We require **1** Units/Of **4** sqm. **Shell Scheme**
Preferd stall No(s) [Option 01] **B206**
Preferd stall No(s) [Option 02] **B207**
Total cost of LKR **RS. 48,000.00**

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

2025-03-20

Date

Haarith Ahamed

Name

Marketing Manager

Position

Organized by



Joint Event Organizer

CDC EVENTS

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