FORM 3

Company Name:_____

Address: _____

_____ Country and Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

Contact Person: _____

Position: _____

Date: _____

Total Cost: _____

Signature

Date Of Submitting Form

This Product / Services Index will be used for Exhibition Catalogue purposes

How to fill this Product / Services Index

1. Please check the list provided in this book
2. Identity your company's Product / Services
3. Fill in the form below
4. Fax back to us at + 62 21 6340140, 6342113, 63869154

No. Product / Services

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

( ) _____

Others_____

Others_____

KRISTA EXHIBITIONS

PT. KRISTAMEDIA PRATAMA
Jl. Blandongan No.28 d/g
Jakarta 11220
Telephone
+62 21 6345861, 6345862
6334581, 6345002
Facsimile
+ 62 21 6340140, 6342113
63869154
E-mail
info@kristamedia.com
Website
www.kristamedia.com

PLEASE FAX BACK THIS FORM TO
+62 21 6340140, 6342113, 63869154

ATTN
Ms.Valans/
Ms.Pudji

PLEASE TYPE NEATLY
MOHON DI KETIK
THANK YOU.

E-mail :
valans@kristamedia.com
pudji@kristamedia.com