

FORM

7

Company Name: _____
Address: _____
_____ Country and Postal Code: _____
Telephone: _____ Fax: _____
E-mail: _____
Website: _____
Contact Person: _____
Position: _____
Date: _____
Total Cost: _____

Signature

Date Of Submitting Form



THE ORGANIZER WILL PROVIDE:

- 009 - 012sqm 3 Exhibitor's Badge
- 013 - 024sqm 6 Exhibitor's Badge
- 025 - 036sqm 9 Exhibitor's Badge
- 037 - 048sqm 12 Exhibitor's Badge
- 049 - 060sqm 15 Exhibitor's Badge
- 061 - 072sqm 18 Exhibitor's Badge
- 073 - 084sqm 21 Exhibitor's Badge
- 085 - 126sqm 24 Exhibitor's Badge

Please fill in the form:

No.	Company Name	Contact Person	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

If space is insufficient, please attach a separate sheet.
Thank you

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Jakarta 11220
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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
MONGON DI KETIK
-Tulis /ou.**

valans@kristamedia.com