

FORM

11



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

Signature
Date Of Submitting Form

PLEASE TYPE In CAPITAL LETTERS the company name that would be written on the stand fascia.

COMPANY NAME

STAND NUMBER

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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
BERSAMA SAMA.**

valans@kristamedia.com
pudji@kristamedia.com