

JOM NIAGA BOOTH APPLICATION FORM

Important:

- Information provided may be used in official promotional materials if deemed necessary
- All information must be completed in English
- The "Company Name" should be the same as appeared on the Business Registration Certificate.
- Please submit completed application form (Free of Charge)

PART A: COMPANY INFORMATION																														
Company Name:																														
Co. No.:																														
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Please make sure the email address you provided is a valid and frequently used email. The Organiser will communicate with your company via this email address only. if you would like to communicate with us via fax, please ✓ against the box ☐																														
Business Nature:																														
01 Maufacturer													l na	Dro	duc	+ Da	cia	nor/	Sve	tam	Do	مامر	nnai	r						
02 Retailer						H	☐ 04 Product Designer/System Developer ☐ 05 Service Provider																							
03 Sole Agent/Agent, Wholesales, Distributor					H	06 Others, please specify:																								
Exhibit Brand Nam	e(s)	:																												
01												03																		
02												04																		



Exhibit/Product/Service Description

additional space is required, ple		organizer reserves all rights to edit when	necessary. II
2. Headquarter of Exhibiting Co	ompany:		
Headquarter:		Country:	
Authorised Personnel:		Title	
Signature: (with company stamp)		Date:	
PART B INTERNAL USE ON	LY		
Date received:			
Booth no.:			
Handled by:			

Note:

All free booths will base on a first come first serve basis.

Interested parties please fill up the form. Please fax your registration form to 03-80241737 or email to: enquiry@smisme.com.

Exhibition date: 10-11 of may 2012