



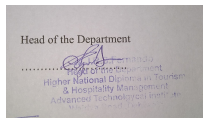
Application Form 2024

Company Name **srilanka Institute of advanced technological education - Dehiwala**
Address **waidya road, Dehiwala , colombo 6, srilanka**
Telephone Number **0094, 77 835 6442**
Mobile Number **0094, 711702063**
Email Address **rishini.sliate@gmail.com**
Contact Person **Ms. M.J.R.S.Fernando**
Position of Contact Person **head of the department**
Membership Type **Non-SLAITO**
Company Scale **SME**

We require **1** Units/Of **9** sqm. **Shell Scheme**
Preferd stall No(s) [Option 01] **1**
Preferd stall No(s) [Option 02] **0**
Total cost of LKR **RS.**

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 - DFCLKLX)



Seal

Signature

2024-04-12

Date

Ms.M.J.R.S.Fernando

Name

head of the department

Position

Organized by



Joint Event Organizer

CDC EVENTS

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