



CO-EXHIBITOR REGISTRATION FORM

Please complete and submit the form **WITH PAYMENT** to the Maldives Marketing and Public Relations Corporation Ltd. before **1500 hours on Wednesday, 20th September 2017.**

Incomplete Forms will NOT be accepted.

| Event Details | | | | | |
|---|---|---------------------|--------------|-------------|---------------------|
| Event: | World Travel Market (WTM) 2017 | | | | |
| Dates: | 6 th - 8 th November 2017 | | | | |
| Venue: | ExCeL London, 1 Western Gateway, Royal Victoria Dock, London Docklands, E16 1XL, United Kingdom | | | | |
| Company Details [For Catalogue Entry] | | | | | |
| Company Name & GST No: | | | | | |
| Name: | | Designation: | | | |
| Postal Address: | | Website: | | | |
| Email: | | Phone: | | Fax: | |
| Correspondence Details [All correspondences regarding the fair will be forwarded to this contact] | | | | | |
| Name: | | Designation: | | | |
| Email: | | Phone: | | Fax: | |
| Participant Details* | | | | | |
| | Name | Designation | Phone | Fax | Passport No. |
| 01 | | | | | |
| 02 | | | | | |
| Additional Participant Details** | | | | | |
| | Name | Designation | Phone | Fax | Passport No. |
| 01 | | | | | |
| 02 | | | | | |

Important Note:

Please ensure that you have paid the membership fee for 2017

Please attach the following where applicable

- Payment (*Cheque/Cash/TT copy*)
- Passport Copy (*if submitting for the first time*)
- Work permit (*expatriates only*)

Place and date

Stamp and legal Signature of the Company