

MICF2019 EXHIBITOR APPLICATION FORM

A. Company/Organisation Details

29 Nov - 1 December 2019 Masjid Wilayah, Kuala Lumpur, Malaysia

Company/Organisation	on Name:			
Full Address:				
City:		Postcode:	Count	ry:
Telephone: Fax:		E-mail: Website:		
Contact Person:	Mr Ms.			
b Title:		Handphone No:		
Business Category: tick all that apply)			Non-Governmental Org. (NGO) Online Retailer Playgroup / Playschool Sports & Recreation Tourism Products & Services Toys & Games Others (please specify):	
l. Booth Details	uired. Please tick on the type of bo	ooth(s) and calculate the s	total amount due	
Booth Type Type 1 Type 2 Type 3 Type 4 Food Truck	Booth Size 2.5m x 2.5m SUPER PRIME 2.5m x 2.5m PRIME 2.5m x 2.5m Regular 2.0m x 2.0m Zone A Parking Lot	Regular Price	Quantity	Amount (RM)
PAYMENTS IN FULL sha	oth Number(s):			
SPECIAL PACKAGE	ct No: 512343643036) before the DISCOUNT! OTH on bookings for MICF			IICF Kuala Lumpur.
We have read the "Terms Date (DD/MM/YY):	& Conditions" and agree that they	are part of this application	on and hereby furt	her agree to abide by then