

Deadline
6th October 2023

FORM NO 1
FASCIA NAME

THIS FORM MUST BE COMPLETED AND RETURNED BY ALL EXHIBITORS.

Please enter below the Exhibitor name that you require on the fascia in ENGLISH ALPHABET (max 24 letters). Please use block letters.

FASCIA NAME : *(Please type in CAPITAL letters)*

Stall No: _____

Company Name: _____

Authorised Person: _____

Email : _____

Address: _____

Tel: _____ Mobile No : _____

Signature: 

Send this form to: Info@naceindia.org and corcon23.vivo@gmail.com

