

COMPANY DETAILS

* Display Company Name on Fascia (Capital Letters): _____

* Name of the Company (Capital Letters): _____

* Registered Company Address : _____

* Mobile No: _____ * Email ID: _____

* City: _____ Country: _____


Point of Contact : _____


* Contact Person Name: _____ * Email: _____


* Mobile: _____ * Mobile (optional) : _____


CATEGORY (Please tick the appropriate box)


Signature: _____ Date: _____


❖ Complimentary Trade Stall 6X3 Mtr 
 ❖ Short video clip (1 min)
 ❖ Speaker opportunity

❖ Complimentary Trade Stall 6X3 Mtr 
 ❖ Short video clip (1 min)
 ❖ Speaker opportunity

❖ Complimentary Trade Stall 3X3 Mtr 
 ❖ Short video clip (1 min)

❖ Complimentary Trade Stall 3X3 Mtr 
 ❖ Short video clip (30 Sec)

❖ Complimentary Trade Stall 3X3 Mtr 
 ❖ Short video clip (1 min)

❖ Complimentary Trade Stall 3X3 Mtr 
 ❖ Short video clip (1 min)

BANK DETAILS:

Account Name	Sri Lanka College of Paediatricians	Bank Code	7010	
Account Number	0000192318	Branch	Borella-Super Grade	
Bank Name	Bank of Ceylon	Branch Code	038	Swift Code
				BCEYLK LX

PAYMENT MODE: Cheque / DD in favour of "ASIA PACIFIC CONGRESS OF PAEDIATRICS"

Dated: _____ Drawn on: _____ Amount: _____ In words: _____

Other mode of Payments - NEFT / RTGS _____ Dated: _____ Amount: _____

CONGRESS SECRETARIAT



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