FORM A	SHELL SCHEME FASCIA NAME

Name/Title of Exhibition: Special Libraries Association – Arabian Gulf Chapter Event
Event Dates: March 6 – 8, 2018
Grand Millennium Hotel

Exhibitor's Name: _____
Stand Number: _____
Contact Person: _____
Tel: _____ **Fax:** _____
Email: _____

Signature: _____ **Date:** _____

Please print/write clearly in BLOCK LETTERS. Arabic and English alphabet (maximum 30 letters including spaces):

English

Name/ Flag of Country on Fascia: _____

Please submit this form by: **February 14, 2018**
This submission is only valid if sent via email to arabianwoman-2012@hotmail.com

Terms and Conditions:

1. The form must be submitted by the date specified above.
2. The company name submitted will be printed/installed as according to the name indicated in the boxes. Any re-printing due to failure in submission will be charged at $28 per company name/ per fascia board.
3. All reprinting are subject to printing lead time and installation lead time

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