

جمعية المكتبات المتخصصة Special Libraries Association Arabian Gulf Chapter فرع الخليج العربي



SHELL SCHEME FASCIA NAME

Exhibitor's Name: Stand Number: Contact Person:		
Tel: Signature:	Date:	

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

English

Please rename file to NAME OF COMPANY_FASCIA FORM 2025 and submit by: August 15, 2025

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
- 3. Any re-printing due to failure in submission will be charged at \$30 per company name/ per fascia board
- 4. All reprinting are subject to printing lead time and installation lead time