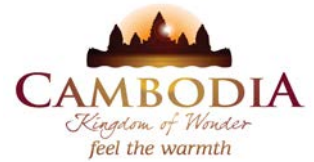


KINGDOM OF CAMBODIA

NATION REGION KING



Ministry of Tourism



Phnom Penh,.....

Co-Exhibitor Registration Form

Company Information	
Company name:	
Address :	
Tel:	
Contact Person:	
Tel:	Email:
Exhibition to be participated (Please list all the exhibition you want to participate)	
Name to be participated in the event (If more than one person, please use extra space to complete it).	
1. Last name:	First name:
Position:	
Passport Number:	Date of birth:
Issue Date:	Expiration Date:
Tel:	E-mail:
2. Last name:	First name:
Position:	
Passport Number:	Date of birth:
Issue Date:	Expiration Date:
Tel:	E-mail:

Please confirm your participation 3 months before the event date by returning the form and payment must be made 4 weeks before the event date. If wire the payment, please make sure to include all the bank fee.

Signature: _____

Date: _____

Name: _____

THANK YOU FOR YOUR PARTICIPATION!