

Contact Details

Please note that all correspondence, including an invoice, will be sent to the contact supplied below.

Company or organization name _____

Contact person _____

Position / Designation _____

Phone, including country code _____ Email _____

Address _____

State/Province _____ Postal Code _____ Country _____

Website _____

Exhibit Opportunity

All sponsorship prices are in US dollars.

Exhibition Display Table \$2,000

I agree to be invoiced for a total of \$_____ for the items selected above.

Signature _____ Date _____

Sponsorship agreement will be sent upon receipt of your application form.

Payment Form

I wish to pay by bank check.

I wish to pay by credit card as per the total above to be debited to:

Visa MasterCard Amex

Credit card number _____/_____/_____/_____

Cardholder's name _____

Signature _____ Expiration Date _____

Please note: All credit card payments will appear with the vendor name "ACM" on your statement.

Application forms may be sent to:

cikm2017sponsorship@gmail.com
Phone: +65 6808 5101