



Official Liquor Sponsor





APPLICATION FORM

Please fill this form and send it to events@hotelshowcolombo.com on or before 30th of April 2024

Please type or fill in block capita	ls for	legibility (Ple	ease com	olete a	ll sections	s)					
First Name											
Last Name											
Email											
Mobile Number											
Title	MR	MRS	M:	5							
Company Name											
Company Address											
Designation											
Representative from the organiz	ation	, please fill b	elow								
Name of Contact Person											
Designation											
Email											
Contact Number											
A maximum of 10 entries will be allowe participant. All applications should be sent together			e selected p	articipa	-						
E-mail entries should be accompanied b	_	-		iuiiuabi	e.						
(The organizers reserve the right to refuse any er											
Payments Details ENCLOSED HEREWITH PAYMENT OF CDC Events and Travels (Pvt) Ltd - Ho	RS	Made	Payable to	001110	 03225 - W	/.T.C Brand	ch				
Address: CDC Events & Travels (Pvt) Ltd. 2nd Floor,"LE CUBE" 130, High Leve											
Tel: +94 11 2515786, 2515787 I E-mail: events@hotelshowcolombo.		e - 0778 394	648								
Submission of a completed entry for	m shal	I constitute of	an agreen	ent to	abide by tl	he Rules 8	k Regula	ations (of Bar	Champ	s 2024.
Please photocopy if extra forms are outcome.	neede	d. Please do no	ot send cas	h by ma	ail. Compe	titors will	be advi	sed of	applic	ation	