**ADVERTISEMENT FORM**

**(To be filled by ADVETTISEMENT and sent back to Skylink: Organizer)**

Please complete this form and return with payment to the Organizer "Skylink Technologies “ the addresses, below. We kindly advise you to check the TERMS AND CONDITIONS Sem carefully for complete information.

|  |  |
| --- | --- |
| Advertisement Detail Form | |
| Contact Name: | |
| Company/Organization Name: | |
| Mobile Telephone: | Office Telphone: |
| Fax: | P.O.Box: |
| Email: | Website: |
| Display Name(Maximum 20 Character ) | |
| **Confirmation** | |

I preferred of the \_\_\_\_\_\_\_\_\_\_\_\_\_Dimension and \_\_\_\_\_\_\_\_\_\_\_Page and decided to pay a total of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birr/USD

Name of Authorize Person Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_