**APPLICATION FORM**

**(To be filled by EXHIBITORS 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.

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| --- | --- |
| Exhibitor Detail Form | |
| Contact Name: | |
| Company/Organization Name: | |
| Sector/Service software Hardware Government SME & Startup Academic/Research  Bank & Finance | |
| Mobile Telephone: | Office Telphone: |
| Fax: | P.O.Box: |
| Email: | Website: |
| Display Name(Maximum 20 Character ) | |
| Product/Service | |
|  | |
| **Confirmation**  I preferred\_\_\_\_\_\_\_\_\_\_\_\_\_m2 and decided to pay a total of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRR in accordance with the TERMS AND CONDITIONS set by ARES (the Organizer). | |