

Thailand Entertainment Expo 2009 (16 - 20 September 2009)

Order Check List Form



Please return this CHECKLIST together with forms for each fax to : Mr. Lertwat Chanthatarath
 N.C.C. Exhibition Organizer Co., Ltd. (NEO)
 60 New Rajadapisek Road, North Prakanong, Klongtoey, Bangkok 10100, Thailand
 Tel.: (66) 2203 4213 Fax: (66) 2203 4250-1 E-mail: lertwat@qsncc.com

Check	Form	Title	Deadline	Return to
	Form 1	Free Fair Directory Entry	August 31, 2009	Cournot and Nash
	Form 2	Trade Show on Internet Entry	August 31, 2009	Pixel Planet Design
	Form 3	Unofficial Stand Contractor	August 31, 2009	N.C.C. Exhibition Organizer
	Form 4	Admission Badges	August 31, 2009	N.C.C. Exhibition Organizer
	Form 5	Exhibit on Trade Day Only	August 31, 2009	N.C.C. Exhibition Organizer
	Form 6	Letter of Confirmation for Custom Purpose	August 31, 2009	N.C.C. Exhibition Organizer
	Form 7	Fascia Name for Standard Booth	August 31, 2009	N.C.C. Image
	Form 8	Furniture & Accessories Services	August 31, 2009	N.C.C. Image
	Form 9	Miscellaneous Services	August 31, 2009	N.C.C. Image
	Form 10	Audio/Visual Equipment Rental	August 31, 2009	N.C.C. Image
	Form 11	Electricity for Set-up & Tear down	August 31, 2009	N.C.C. Image
	Form 12	Electrical Service (For Exhibitor)	August 31, 2009	N.C.C. Image
	Form 13	Water supply & Drainage	August 31, 2009	N.C.C. Image
	Form 14	Compressed Air Rental	August 31, 2009	N.C.C. Image
	Form 15	Utility Point	August 31, 2009	N.C.C. Image
	Form 16	Telephone & Internet	August 31, 2009	Royal Paragon Enterprise
	Form 17	Cleaning Services	August 31, 2009	Royal Paragon Enterprise
	Form 18	Security Services	August 31, 2009	Royal Paragon Enterprise
	Form 19	Freight Instructions	August 19, 2009	Trans-Link

Important Note:

1. If you need more than one copy of a given form, please make a photocopy.
2. Form 1,2 and 4 must be returned by all exhibitors
3. Form 7 must be returned by all standard booth exhibitors (walk-on package)
4. Form 3 must be returned by all raw space exhibitors together with booth design, electricity order, other required services

Exhibitors Authorization

Company Name:	Booth No.:
Contact Person:	E-mail:
Address:	
Phone:	Fax:
Signature:	Date: