

PARTICIPATION FORM

To confirm your participation, kindly sign this form and submit to kasal.comsales@gmail.com

Package Type: _____ Amount: _____
Booth No.: _____
Company Name: _____
Contact Person: _____
Company Address: _____
Contact Nos.: _____
Email: _____
Website: _____
Facebook: _____

Conforme:

Signature over Printed Name

Date

Please do not write anything below. To be filled up by Kasal.com Team

Payment: Cash / Check

Amount:

Received by:

Signature over Printed Name

Date