

Show Dates: 5-6 November, Jumeriah Beach Hotel

**FASCIA NAME FORM**

**DEADLINE: September 23, 2024**

Please Write/print in Block Letters:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**This form must be completed and returned by all Standard booth Exhibitors.**

*Please enter below the name that needs to appear on the fascia, this will be provided in BLOCK Letters in Arial Bold 7cmH max 24 Letters*

**Please return the form to:**

**Attn: Avantika Trivedi.**

**MITRE Art LLC**

**P.O Box 282442**

**Tel: +971 50 2580539**

**Email: [avantika.trivedi@mitreart.com](mailto:avantika.trivedi@mitreart.com)**