





# **APPLICATION FORM**

# **1. COMPANY DETAILS**

NAME OF ESTABLISHMENT:	C.R NUMBER:
ADDRESS:	VAT NUMBER:
PHONE:	FAX:
PERSON IN CHARGE:	POSITION IN COMPANY:
MOBILE NUMBER:	E-MAIL:

# **COMPETITION PARTICIPATION INFORMATION**

By signing the present application I the undersigned do hereby agree to participate in the Hospitality Salon Culinaire- HORECA 2024 - Riyadh, observe the rules and regulations of the exposition and abide by the decisions of the jury.

Any cancellation will not be refunded !

### 2. APPLICATION

Participant full name	Age	Occupation	Participant's mobile	Participant's e-mail	Category	Price in SAR
PS: Diplomas will be given only to persons named on application submitted before the show.					Sub Total 1	
Name on diploma will be printed exactly as submitted on application.					Discount	
Please type clearly the names in capital letters and verify spelling.					Sub Total 2	
					Total	

# 3. PAYMENT METHOD:

No application will be considered valid unless accompanied by the appropriate payment, final deadline 30<sup>th</sup> October 2024 Total amount should be paid upon your signature

Cash Paid at Saudi Event Management & Marketing Company Office.

Check should be written to (Saudi Event Management & Marketing Company).

🗌 Bank Transfer to the order of Saudi Event Management & Marketing Company, الشركة السعودية لتنظيم المعارض والتسويق

Bank Name: National Commercial bank (Alahli - alwady branch) Saudi Arabia

Account No. 262 5557 8000 104

#### IBAN: SA 321 00000 262 5557 8000 104

Saudi Event Management and Marketing Company, VAT Number : 300403665900003



www.saudihoreca.com +966 920 003 361 | info@saudihoreca.com () f in saudihoreca () fo saudi.horeca HORECA is organised by Semark based on a license expension with Hospitally Services SARL organized rol HORECA in organised by Semark based on a license expension of the Hospital Services SARL

Signature & Company Stamp (A person duly authorized must sign this application)

