

SASTA DISPLAY AREA FORM

Company: _____
Postal Address: _____
Contact Person: _____
Position: _____
Phone: _____
Fax: _____
Mobile: _____
Email: _____

Display Number

Please select from R1 to R14 inclusive

Preference 1 _____
Preference 2 _____
Preference 3 _____

Requirements

Double-Sided Board:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Single-Sided Board:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Display Table:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I will be using a television/dvd or other equipment*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please note you will need to provide this equipment yourself*

Specify additional equipment _____