Organised by:





Sponsorship Application Form

Please complete the application form and email to APDW2020 Secretariat.

Company Name		
Contact Person		
Position		
City	Cou	untry
Cell	Ema	ail

Note: Please include country and city calling codes

Packages

Package	Detail of Package	Amount



Organised by:





Billing Details

Contact Person		
Billing Address		
City	Country	
Tel	Fax	

Note: Please include country and city calling codes

Signature & Company stamp: Date: