



PATA Travel Mart 2010
DEADLINE : Monday, 2 AUGUST 2010

Return Form to:
PICO IES Group Limited
Pico Building, 12A Dai Fat Street
Tai Po Industrial Estate
New Territories, Hong Kong SAR
P: +852 3713 0430 F: +852 2660 4672
Email : cs.pata@picoiesgroup.com
Contact Person: Mr. Jamie Leung

FORM

8

SERVICE LOCATION PLAN

This form must be completed and returned by every exhibitor. If service is not required, please endorse 'NOT APPLICABLE' and return / fax to the address above.

PLEASE TYPE / WRITE IN BLOCK LETTERS

Company Name _____ **Booth No:** _____

Address : _____

Tel: _____ **Fax :** _____ **Email:** _____

Authorised by (Signature) : _____ **Date :** _____

1. SKETCH THE LOCATION OF YOUR UTILITIES, SUCH AS POWER OUTLETS, SPOTLIGHT, WALL SHELF, FURNITURE ON THE BOTTOM OF THIS FORM.
2. PLEASE NOTE THAT THE POSITIONS OF THE LIGHTS FOR THE STANDARD SHELL SCHEME PACKAGE ARE FIXED AND CANNOT BE RELOCATED (SEE FORM 4).
3. IT IS IMPERATIVE THAT YOU COMPLETE THIS FORM AS IT WILL BE USED TO INSTALL YOUR REQUIREMENTS IN THE CORRECT LOCATION BEFORE YOU ARRIVE ON SITE.
4. PLEASE ENSURE THAT THE POSITION OF THE LIGHTS ARE ON THE WALLS OR FASCIA (UNLESS YOUR BOOTH HAS AN INTERIOR STRUCTURE TO WHICH THEY CAN BE ATTACHED).
5. IF THE LOCATION PLAN OF ANY SERVICE IS NOT SUBMITTED, IT WILL BE PLACED AT THE DISCRETION OF THE OFFICIAL CONTRACTOR, AND ANY RELOCATION WILL BE AT THE EXHIBITOR'S EXPENSES.

PLEASE INDICATE THE LOCATIONS OF YOUR COMPRESSED AIR/WATER/DRAINAGE POINTS/WALL SHELF/FURNITURE AND ELECTRICAL REQUIREMENTS ON THE BOTTOM OF THIS FORM

PLEASE KEEP A COPY OF YOUR RECORD

**FORM 8
SERVICE LOCATION PLAN**

NAME OF EXHIBITOR : _____

BOOTH NUMBER : _____

PLAN OF STAND

| ← 1M → |

| ← 0.5 M → |

LEFT

REAR OF BOOTH

RIGHT

← 0.5 M →													

LEFT

AISLE

RIGHT

PLEASE KEEP A COPY OF YOUR RECORD