

EXHIBITOR REGISTRATION FORM

ANNUAL CONFERENCE 2022

Please complete the form in block letters.

A) COMPANY DETAILS**Name of Company**

Postal Address

Postal Code

VAT Registration No.

B) DETAILS OF EXHIBITORS

1	Surname:	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Name:	
	Designation:	
	Cell No:	
	E-Mail:	
2	Surname:	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name:	
	Designation:	
	Cell No:	
	E-Mail:	
3	Surname:	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name:	
	Designation:	
	Cell No:	
	E-Mail:	
4	Surname:	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name:	
	Designation:	
	Cell No:	
	E-Mail:	
5	Surname:	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name:	
	Designation:	
	Cell No:	
	E-Mail:	