

## EXHIBITOR'S CHECKLIST

This form is to be returned by all Exhibitors together with all forms for which services are required. Services cannot be guaranteed for forms returned late. Exhibitors who contract for space after the deadlines are to return the forms immediately.

**Copies to be made for your file and return original copy to:**

**HW LIMA SDN BHD**  
**35F-1-6 Jalan 2/27F, KLSC II, Section 5, Wangsa Maju**  
**53300 Kuala Lumpur, Malaysia**  
**Tel: +603 4142 1699 Fax: +603 4142 2699**  
**Email: [hw5@hwlima.org](mailto:hw5@hwlima.org) Website: [www.limamaritime.com.my](http://www.limamaritime.com.my)**

Please indicate with a tick  the services that are required and not required.

	Order Forms	Service Required	Service Not Required
Form 1	Participating Principals / Agent Listing	<input type="checkbox"/>	<input type="checkbox"/>
Form 2	Free Directory Entry	<input type="checkbox"/>	<input type="checkbox"/>
Form 3	Company / Product Logo Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Form 4	Show Directory Products Index	<input type="checkbox"/>	<input type="checkbox"/>
Form 5	Show Directory Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Form 6	Hotel Reservations	<input type="checkbox"/>	<input type="checkbox"/>
Form 6A	Vehicle On Hire	<input type="checkbox"/>	<input type="checkbox"/>
Form 7	Shell Scheme / Upgraded Shell Scheme	<input type="checkbox"/>	<input type="checkbox"/>
Form 8	Space & Independent Stand	<input type="checkbox"/>	<input type="checkbox"/>
Form 9	Registration / Security Form	<input type="checkbox"/>	<input type="checkbox"/>
Form 10	Manpower / Exhibition Staff	<input type="checkbox"/>	<input type="checkbox"/>
Form 11	Furniture & Potted Plant	<input type="checkbox"/>	<input type="checkbox"/>
Form 12	Lighting & Power	<input type="checkbox"/>	<input type="checkbox"/>
Form 13	AV Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Form 14	Water Supply & Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>
Form 15	Display of Weapons	<input type="checkbox"/>	<input type="checkbox"/>
Form 16	Heavy & Large Exhibits	<input type="checkbox"/>	<input type="checkbox"/>
Form 17	Telecommunication	<input type="checkbox"/>	<input type="checkbox"/>

## EXHIBITOR'S AUTHORISATION

Company:		Booth No:	
Address / Company Stamp	Person in-charge:		
	Tel:	Fax :	
	E-mail :		
	Signature:	Date:	

Please return this form to the organiser or fax to **+603 4142 2699**