



**TEMPORARY STAFF**

Deadline 15 September 2016

Temporary Staff	Arabic	English	Other Languages	Quantity	DATE
Hostesses					
Promoters					
Translator					
Security					
Cleaners					

COMPANY NAME: ..... STAND NUM: .....

CONTACT PERSON: .....

COMPANY ADDRESS: .....

EMAIL: .....

TEL: ..... FAX: .....

**Payment method: Credit Card or Cash**

**Credit Card Authorization / Card Details of Bank Charges)**

CARD NUMBER : ..... VISA \_\_\_ MASTER \_\_\_

EXPIRATION DATE : ..... BANK NAME & COUNTRY: .....

**CARD HOLDER DETAILS / IBAN:**

NAME AS APPEARS ON THE CARD: ..... TELL NO: .....

BILLING ADDRESS: .....

SIGNATURE: ..... AMOUNT:.....

I,..... ,hereby authorize ..... LLC to charge order fee on the above credit card. I am aware on the terms and conditions mentioned herein.

.....

.....

SIGNATURE

DATE

\* BY SENDING IN THIS FORM YOU HAVE UNDERTAKEN THAT YOU HAVE READ AND UNDERSTOOD THE CONTENT OF THE MANUAL AND THE TERMS & CONDITIONS OF EXHIBITING AT XPF 2016