

**FORM 4**

**DEADLINE: 25 April 2025**

Please Return this Form to:

**Pico IES Group, A Division of Pico International (HK) Ltd.**

Pico House, 4 Dai Fu Street,

Tai Po Industrial Estate, New Territories, Hong Kong Fax: (852) 2667 7178

Tel: (852) 2660 4500

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Contact person: Annie Chau Tel: (852)2660-4557 Email: annie.chau@pico.com

**FASCIA BOARD - COMPULSORY**

**STANDARD BOOTH FASCIA BOARD**

Please write the company name in the below fields that you wish to be exhibited on the booth fascia board(s)

(English lettering, max **24** letterings. Additional letter will be charged HK$ 60.00 each)

**Company Name (In English) (max 24 letters)**

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**Company Name (In Chinese) (max 20 letters)**

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Notes:

1. If fascia is requested to produce on site, a production fee with a 30% surcharge will be charged, which cost HK$150 per meter.
2. Pico will follow the exhibitor list's name which provided by Organizer if received no fascia name before the submission deadline.
3. Maximum stand height is 2.5m for Standard booth and cannot be exceeded. Exhibits exceed 2.5m in height could be exempted. If exhibitors require taking out the stand booth structure, design must be submitted to the Organizer for approval in advance. In case of any disputes, the decision of the Organizer is final.

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stand No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**