



BOOKING FORM

Contact Information (please print or type)

Contact Name _____

Company Name _____

Address (P.O. Box) _____

City, Country _____

Telephone / Mobile _____

Email _____



Please book the following for:

- | | |
|--|---|
| <input type="checkbox"/> Front Cover – Exclusive | <input type="checkbox"/> Full Page Last Page Left |
| SOLD Inside Front Cover | Hand Side |
| Spread – Exclusive | <input type="checkbox"/> Full Page Advertisement |
| SOLD Full Page Outside | <input type="checkbox"/> Half Page Advertisement |
| Back Cover – Exclusive | <input type="checkbox"/> Quarter Page Advertisement |
| <input type="checkbox"/> Full Page Inside Back Cover | |
| <input type="checkbox"/> Second Page Left Hand Side | |

Company Spotlight / Showcase:

- | | |
|---|---|
| <input type="checkbox"/> Double Page Spread | <input type="checkbox"/> Outside Insert |
| <input type="checkbox"/> Four Page Ad | <input type="checkbox"/> Inside Insert |
| SOLD Customized Bookmark | <input type="checkbox"/> Belly Band |
| <input type="checkbox"/> Advertorial / Expert Views | |



Quoted Cost: _____

By signing below I acknowledge that I confirm the booking and payment will be done immediately.

Signature(s) Date

Payment Details: Bank Transfer Cheque

Middle East Council of Shopping Centres

8th Floor, 803 Burjuman Business Tower, PO Box 43972, Dubai, UAE

Tel: +971 4 359 7909 Fax: +971 4 355 8818 Email: register@mecsc.org Website: www.mecsc.org