



think EVENTS. think SAMONNOY.

FORM – “GE”

[PLEASE FILL IN ALL THE DETAILS]

A. Personal Details –

Title (Please Tick '✓'): MR [] MRS [] DR [] Others (Please Specify): _____

First Name: _____ Last Name: _____

Organization: _____ Designation: _____

Contact Number: _____ Email: _____

B. Correspondence Address:

Landmark: _____ Pin: _____

C. Permanent Address:

Landmark: _____ Pin: _____

D. Occupation (Please Tick '✓'):

- | | | |
|----------------------------------|-----|-----|
| a. Salaried Govt. Employee | [] | [] |
| b. Salaried Non - Govt. Employee | [] | [] |
| c. Proprietor | [] | [] |
| d. Business Man | [] | [] |
| e. Industrialist | [] | [] |
| f. Self – Employed | [] | [] |
| g. Home-Maker / House Wive | [] | [] |

E. Enquired Event Category (Please Tick '✓'):

- | | | |
|--|-----|-----|
| a. Corporate Meetings / Conferences / Road Shows | [] | [] |
| b. Personalized Events | [] | [] |
| c. Wedding | [] | [] |
| d. Anniversaries | [] | [] |
| e. Others (Please Specify) | [] | [] |

[_____]

F. Proposed Event Date: ____/____/____. (MM/DD/YYYY)

Date: ____/____/____ (MM/DD/YY) Place: _____

Full Signature (Client): _____ Office Seal (If Applicable): _____