



All Payment Should be Made To:

Name: Cora Art & Cultural Foundation

Account Number: 0011671951

Bank: GTBank

NB: 10% discount for early birds

Exhibitor's Form

1. Name of Company/Exhibitor: _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Nature of Products/Wares _____

Company Web _____ Twitter Username _____

LinkedIn URL _____ Facebook URL _____

Contact person: _____

Address if different from above _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____

Fax (_____) _____ Email (not generic) _____

2. SIZE OF STAND:

(i) _____

(ii) _____

Kindly fill and return this form to
CORA ART & CULTURAL FOUNDATION
c/o

Freedom Park 1
Hospital Road Off Broad
Street, Lagos Nigeria,
West Africa
OR

Send by email to:
SAMUEL OZAZE
samuelosaze@gmail.com
info@lagosbookartfestival.com
Tel: 08036554119



For Office Use Only

Review/approved by: _____ Name of Authorizing Official: _____

Date: _____ Signature of Authorizing Official: _____

