



REGISTRATION FORM AFRIKA VILLAGE '10

Customer

2	0	1	0				
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Co – Exhibitor’s Information / Additionally Represented Organization

Please paste your logo here! (If applicable!)

Register First letter of your Name / Organization

* All Applications will be dealt with on a first – come – first served basis.

*Applications received after the closing date will be dealt with according to availability.

1. Personal Details:

Name of Co - Exhibitor:

Address:

Code

Country:

ID Number:

Passport Number:

Tel:

Fax:

Email:

Web Address:

Main Exhibitor's Information

2. Personal Details:

Customer No.

2	0	1	0				
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Name of Main Exhibitor:

Address:

Code

Country:

ID Number:

Passport Number:

Tel:

Fax:

Email:

Web Address:

Correspondence Language

English

French

Contact Person:

Mr. / Mrs. / Ms

Tel:

Fax:

e-mail

3. We are: (tick)

Manufacturers

Wholesalers

Importers

Trade Representative

Sales Organization

Collector

Service Provider

Independent Exhibitor

Association

Other (Specify)

4. Describe what you will be exhibiting in the lines below. Use Additional paper if need be. (This Application is only valid with the attached list of exhibits.)

By signing this form, I hereby declare that I have read and understand the exhibiting conditions and all other additional conditions contained in this application form (See General Conditions and Essential information for participation) and that I recognize them as binding. That the terms and conditions also govern our staff and any independent third party contractors, insofar as they are hired to work for me or in my stand. I also acknowledge that as an exhibitor, I bear the responsibility for adhering to these conditions and liable for all people working for me.

5 Signature

Date,

Place,

Legally binding signature of exhibitor

WHO WARRANTS THAT HE / SHE IS AUTHORISED TO.