



REGISTRATION FORM FOR AFRIKA VILAGE '10

Custom

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Main Exhibitor's Information

Please paste your logo here!
Organization

Register First letter of your Name /

* 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 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

2. We are: (tick)

- | | |
|---|--|
| <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Importers | <input type="checkbox"/> Trade Representative |
| <input type="checkbox"/> Sales Organization | <input type="checkbox"/> Collector |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Independent Exhibitor |
| <input type="checkbox"/> Association | <input type="checkbox"/> Other (Specify) |
-

3. 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.) Include your space requirements in sqm.

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.

Date, _____ / _____ / 2005

Place, _____



Legally binding signature of exhibitor

WHO WARRANTS THAT HE / SHE IS AUTHORISED TO.