

US Pavilion at Home Electronics 2003

14 – 17 May 2003

Shanghai New International Expo Centre (SNIEC)

APPLICATION FOR STAND SPACE

This contract is hereby made between the organizers, **Deutsche Messe AG**, and the **exhibitor** as named below for this exhibition.

EXHIBITOR DETAILS

Company Name: _____

Street: _____

City: _____

Postal Code: _____ Country: _____

Contact person for exhibition matters: _____

Tel: _____

Fax: _____

Email: _____

Website: _____

Location of head office (country code): _____

Type of Company (Please ✓ tick the appropriate box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Distributor/Agent | <input type="checkbox"/> Exporter |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Organizer for group participation | <input type="checkbox"/> Association/Institution |
| <input type="checkbox"/> Other: _____ (please specify) | | |

Application Deadline: 15 February 2003
(Realization of group stand requires minimum 15 exhibitors)

STAND SPACE APPLICATION (space allocation will be assigned by the Organizer)

Group Stand Package (minimum 9 sqm) at **Home Electronics 2003**

Rate : USD 295,- / sqm

Total Area : _____sqm Total Cost: _____

Note: The organizer reserves the right to alter the size of the stand slightly.

Special requests: _____

EXHIBITS

We will be displaying the following exhibits. (Please also check the appropriate exhibit category on the attached list your product display corresponds to)

CO-EXHIBITOR

We register the following company as a **co-exhibitor** according to the Conditions for Participation
(Please use copies of this form if you apply for more than one co-exhibitor).

----- Each co-exhibitor will be charged a one-time Registration Fee at US\$ 500,- -----

Company Name _____

Street: _____

City: _____

Postal Code: _____ Country: _____

Contact Person: _____ Position: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

Exhibits: _____

INVOICING ADDRESS:

- ☐ Exhibitor's address
- ☐ Other invoicing address:

MODE OF PAYMENT:

Exhibitors are required to make an advanced deposit of 25% of the total charge for the space applied for (see also Conditions for Participation, Part A, Section III, Point 2). After receipt of the registration you will receive an invoice for this advance payment. The advance deposit will be credited to your account and set off against the final invoice for stand rental.

Form Return Address (Handling Office):

Carole Russo
International CES
2500 Wilson Blvd.
Arlington, VA 22201
Phone: (703) 907 7795
Fax: (703) 907 7691
Email: crusso@ce.org

DECLARATION BY THE EXHIBITOR

We agree that this application, when approved by the organizer, shall constitute, together with the Conditions for Participation annexed hereto, and any additions which may be made pursuant to the said Conditions, a valid and legally binding contract. We have read and hereby agreed fully to the Conditions for Participation.

Name (Please print)

Designation

Signature

Date

Company Stamp / Chop