



TRADE & INVEST NIGERIA EXPO

St. Maarten/St. Martin

5th - 12th April, 2014.

Registration & Exhibition Participation Form

(All Fields Are Mandatory)

Name of State/Federal Ministry/Agency/Company/SCCIMA/SME:

Name of Governor/Minister/Chief Executive/Entrepreneur:

Commissioner of Commerce/Industry/Investment & Trade:

Permanent Secretary/Director:

Contact Address:

City: State:

Phone: Mobile:

E-Mails:

Sectors of Interest:

1).	<input type="text"/>	2).	<input type="text"/>
3).	<input type="text"/>	4).	<input type="text"/>
5).	<input type="text"/>	6).	<input type="text"/>
7).	<input type="text"/>	8).	<input type="text"/>
9).	<input type="text"/>	10).	<input type="text"/>

Please Note that all correspondence relating to **TINEX Registration** and application for **Participation** And **Exhibition** will be sent to the above address only

Contact Person/Representative:

Designation/Status:

Contact Address:

City: State:

Official Phone: Mobile:

E-Mail:

Registration & Participation Fee: (N K)

Additional Delegates: Cost Per Delegate: N K Total Number of Delegates:

Total Cost for All The Delegates: N K Less 5% Discount: N K

Total Cost Due Payable for The Additional Delegates: (N K)

Sum Total Registration & Participation Cost: (N K)

Payment Details:

Total Amount Paid:

Bank Draft/Cheque No: Date:

Name of Bank:





TRADE & INVEST NIGERIA EXPO

Important Notifications

Payment Schedule:

- ☑ Fully Prepaid along with Registration on or before January 31st, 2014

Late Registration:

- ☑ 25% Late Registration Fee applies after the deadline of January 31st, 2014

Mode of Payment:

- ☑ Payment for TINEX Registration and Exhibition Participation should be made by "BANK DRAFT (BANKERS CHEQUE)" in favour of "AFRICAN CARIBBEAN NETWORK FOUNDATION" and payable at any Nigerian Commercial Bank

Federal Government Ministries & Agencies Participation & Exhibition:

- ☑ All registered and participating Federal Government Ministries, Agencies, Commissions, Councils, Organs, Parasstatals, Sponsored SMEs, Arts & Cottage Industries will be provided with the appropriate TINEX Package and placed under the Sponsor (Federal Government Ministry) Pavilion.

State Government Participation & Exhibition:

- ☑ All Participating State Government Ministries, Agencies, Commissions, Councils, Organs, Parasstatals, Local Government Councils, State Chamber of Commerce, Industry, Mines & Agriculture (SCCIMA), Sponsored SMEs, Entrepreneurs, Arts & Cottage Industries will be provided with the appropriate TINEX Package and placed under the Sponsor (State Government) Pavilion to distinguish them from other States.
- ☑ Interested State Ministries, Agencies, Commissions, Councils, Organs, Parasstatals, Local Government Councils, State Chamber of Commerce, Industry, Mines & Agriculture (SCCIMA), Sponsored SMEs, Entrepreneurs, Arts & Cottage Industries and Individual Participants should register through their respective State Government for authentication and clearance.

Installation & Restoration...

- ☑ The Exhibitor on the EXPO Site must comply with all requirements of ACNF applicable to receiving, set-up, dismantling and removal of their exhibits.

Electrical Safety...

As the organizers, our responsibility is for the safety of all **Exhibitors** and **Visitors** at the expo grounds. The following safety rules based on the best recommendations of the St. Maarten Electricity Company - GEBE, **must be adhered to** on the exhibition days:

- ☑ Only weather resistant heavy gauge extension cords marked "for outdoor use" will be allowed.
- ☑ Cracked or worn extension cords will not be allowed.
- ☑ Please take this opportunity to review the amount of **Electrical Outlets** that you have requested and the appliances you plan to run on them. ACNF reserves the right to cut power supply to any Exhibitor that does not adhere to the safety rules.

Exclusivity...

- ☑ The Organizer does not offer exclusivity for any products or services, nor guarantees that the Exhibitor will not be placed adjacent to a competitor even though efforts will be made to avoid this.

Natural Disasters...

- ☑ In the event that because of natural disasters, fire, government regulations, public catastrophe or other cause beyond the control of the Organizer, the Expo or any part hereof is prevented from being held, is cancelled and any refund or exhibit fees to the exhibitor shall be at the discretion of the Organizers after cost. Such refund if given shall be a proportionate share of the balance of the aggregate exhibit fees received, which remains after deducting expense incurred by the Expo and reasonable compensation to the Expo, but in no case shall the amount of refund to the exhibitor exceed the amount of exhibit fee paid. Exhibitor shall not have any right to an accounting review or audit of the financial records of the Expo.

Please Note:

- ☑ The **Person** signing this document on behalf of the **Federal/State Government, Company, SCCIMA, SME or Entrepreneur** expressly represents and assures African Caribbean Network Foundation (ACNF), that he/she is authorized by the **Federal/State Government, Company, SCCIMA, SME or Entrepreneur** to execute this **Registration**. The Person signing this document on behalf of the **Federal/State Government, Company, SCCIMA, SME or Entrepreneur** assures and acknowledges that he/she and the **Federal/State Government, Company, SCCIMA, SME or Entrepreneur** have read, understood and accepted the terms and conditions as set forth herein and in the TINEX booklet.

Last Name: First Name:
Designation: Office Phone:
Mobile Phone: E-Mail:

Signature

Official Stamp/Seal





TRADE & INVEST NIGERIA EXPO

“SPECIAL DAY CELEBRATION”

Request Form (2 Hour Per State)

We hereby apply for a “**Special Day Celebration**” during TINEX

State:

Address:

Contact Person:..... **Status/Position:**

Signature of Applicant: **Date:**

Telephone: **E-Mail:**

Preferred Special Day (Date): **Time:**

Note:

- ☒ The ‘**Special Day Program**’ allows the State’s Cultural Heritage, and their Delegation exhibits to be specially promoted on the chosen day.
- ☒ The State will be allowed to preview a “**Special Video Documentary**” on the State and the **Achievements** of the **State Governor**
- ☒ The State will be allowed to brand the TINEX venue on the ‘**Special Day**’
- ☒ ACNF cannot guarantee that the **date** and **time** you choose will be available, however an alternative reservation **day** or **time** may be offered
- ☒ ‘**Special Day Celebration**’ is granted on first to **Register** and **Apply** basis.
- ☒ Use of the ‘**Central Pavilion**’ for **Special Days** is compulsory.
- ☒ ACNF will complement the ‘**Special Day Celebration**’ with the provision of Refreshment/Cocktail
- ☒ Granting of ‘**Special Day**’ is strictly at the discretion of ACNF, and can be granted to any interested State who requests for it.
- ☒ In the event of more than ‘**One Special Day**’ on a chosen date, there will be no extension of time, in order not to disrupt the arrangement.

Delegate Officer 1

Title:

Last Name: **First Name:** **Others:**

Designation: **TINEX Function:**

Phone (Work): **Mobile:** **Email:**

Date of Birth: **Place of Birth:** **Passport Number:**

Issue Date: **Place of Issue:** **Expiry Date:**

Delegate Officer 2

Title:

Last Name: **First Name:** **Others:**

Designation: **TINEX Function:**

Phone (Work): **Mobile:** **Email:**

Date of Birth: **Place of Birth:** **Passport Number:**

Issue Date: **Place of Issue:** **Expiry Date:**





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Delegate Officer 3

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 4

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 5

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 6

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 7

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 8

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 9

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	

Delegate Officer 10

Title:			
Last Name:	First Name:	Others:	
Designation: TINEX Function:			
Phone (W ork):	Mobile:	Email:	
Date of Birth:	Place of Birth:	Passport Number:	
Issue Date:	Place of Issue:	Expiry Date:	