|  |
| --- |
| Application Form  |

Entries marked with \* must be filled

1. **Exhibitor Details**

|  |  |  |  |
| --- | --- | --- | --- |
| \***Company Name** |  | \***Country** |  |
| \***Address** |  |
|  | **City** |  | \***Post Code** |  |
| \***Representative** |  |
| \***Tel** |  | **Fax** |  |
| **Homepage** |  |

1. **Contact Person**

|  |  |  |  |
| --- | --- | --- | --- |
| \***Name** |  | \***Job title** |  |
| \***Phone** |  | \***Mobile** |  |
| \***E-mail** |  |

**3. Description of Exhibits**

|  |
| --- |
| **(please tick √)** |
| \***Classification** | **□ LIVING** | **□ HEALTH CARE** |
| **□ DINING** |
| **Exhibition Items** |  |

**4. Additional Facilities**

**We will notice the price of additional facilities soon. We are going to contact each exhibitor to check the demand of additional electricity, telephone, the Internet(LAN), plumbing system, compressed air, etc..**

**Concerning freight or your own construction in booth, please refer to the list of official contractors designated by KINTEX, the exhibition venue(**[**http://www.kintex.com/client/\_eng/c030601/c030601\_00.jsp**](http://www.kintex.com/client/_eng/c030601/c030601_00.jsp)**)**

 ( Name)

*Signature*