

APPLICATION AND CONTRACT FOR STAND SPACE



Please use CAPITAL LETTERS

Company Name:		
Address:		
Zip Code:	City:	Country:
Phone:	Fax:	VAT:
Contact Person:		Position:
E-mail:		Website:
Company's Activity: <input type="checkbox"/> -Consultants <input type="checkbox"/> D -Manufactures or Supplier of containers (tinplate/aluminium) <input type="checkbox"/> F -Marketers (company marketing its own brand) <input type="checkbox"/> Ff -Aerosol Fillers <input type="checkbox"/> G -Manufactures or Supplier of Glass Bottles <input type="checkbox"/> I -Research Institutes <input type="checkbox"/> J -Recycling <input type="checkbox"/> K -Protective Caps & Closures		<input type="checkbox"/> M -Machinery <input type="checkbox"/> P -Manufactures or Supplier of Plastic Containers <input type="checkbox"/> R -Perfumes & Aromatic Distillates <input type="checkbox"/> T -Propellants <input type="checkbox"/> V -Valves <input type="checkbox"/> VT -Accessories for valves <input type="checkbox"/> W -Active Ingredients <input type="checkbox"/> L -Inside coating lacquers <input type="checkbox"/> Others
Request for Space:		
Number of m2:		
We will need structure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Amount: (+19% VAT)
Method of payment:		
All payments must be made in Euros (€) to Semico Group, S.A, by one of the following methods (please mark the chosen option). Payments must be made within 8 days of the invoice date, or the space will be released.		
<input type="checkbox"/> Bank Transfer: Account holder: Semico Group, N.V. Bank name: KBC Bank IBAN Code: BE66 7360 2706 0943 SWIFT Code: KREDBEBB If you use this method of payment, please do not forget to include the following reference in the bank transfer "FEA2018 Exhibitor", as well as the name of the company, and send a copy of the bank transfer with this form to Semico Group (Exhibitor's office). Please note that exhibitors are responsible for all bank transfer charges.		
<input type="checkbox"/> Credit Card:		
<input type="checkbox"/> Visa Mastercard Eurocard		
Number: _____		
Expiration date: ____/____/____ Validation number: _____		
I hereby authorize Semico Group N.V. to charge on this credit card the total amount due as indicated above. On behalf of the Company, I consent and undertake to comply with the exhibition rules and my obligations to exhibit from the moment I sign this contract.		
Date:	Name & Last Name:	Signature:

This form should be completed and returned as soon as possible to:

For inquiries about registration, please contact:

EVENT SECRETARIAT:

Semico Group N.V.

Korte Meer 16-20

9000 Gent, Belgium

Tel: +32 9 233 86 60

Fax: +32 9 233 85 97

E-mail: fea2018@semico.be

A VAT invoice will be issued on receipt of this Application and Contract for Stand Space.