

# FORM C-A EXHIBITOR APPLICATION-AGREEMENT

**With renting of stand.** Deadline of submission: **September 30th 2008**

For more information call **+1.310.507.8888** • **+1.310.629.9091** • **+632.729.2477** or visit **www.aireec.com**

Please return this form by fax **+1310.507.8887** or by email to **info@aireec.com**

or by mail to **ECPI 3510 Torrance Blvd., #220 Torrance, CA 90503 USA** • Orchid Tower, Oriental Gardens Makati 2F, Chino Roces Ave., Makati City 1200, Philippines

## APPLICANT INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Department \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

## APPLICANT CORRESPONDENT (i.e. Ad Agency, Media Buyer, etc.)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Department \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

## APPLICANT HEADQUARTERS INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Department \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

## BOOTH DESIRED (Subject to availability.)

US\$300 per sqm (each booth 9 sqm minimum. Normal traffic location.)

Number of Booths \_\_\_\_\_ Total Area \_\_\_\_\_ sqm

Total Amount US\$ \_\_\_\_\_

Plus \$500 for corner booth(s) with higher traffic location.

## PAYMENT TERMS (Subject to VAT or Sales Tax if applicable.)

Upon Submission of Application 20%  
Non-refundable. See Terms and Conditions.

30 Days after Approval of Application 80%  
Paid on or before September 30th 2008.

## MODE OF PAYMENT (Select one.)

By cheque. Please make cheque payable to  
Expo & Convention Promotions Inc.

Name of Bank \_\_\_\_\_

Cheque Number \_\_\_\_\_

By Credit Card

VISA

AMERICAN EXPRESS

MASTER CARD

DISCOVER

Credit Card Number \_\_\_\_\_

CVC Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

I hereby declare that the information provided in this application is factual and will agree to the Terms and Conditions of ECPI and the event venue.

Submitted by \_\_\_\_\_

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

## SEND EXHIBITOR APPLICATION-AGREEMENT

**By Mail** Include your cheque (if mode of payment is by cheque) and mail to:  
EXPO & CONVENTION PROMOTIONS INC.  
3510 Torrance Blvd. #220, Torrance, CA 90503, USA

**By E-Mail or Fax** (if mode of payment is by credit card.)  
Scan Form and e-mail to: info@aireec.com  
Or fax form to: +1.310.507.8887

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