



REQUEST FOR PARTICIPATION



THIS FORM IS ONLY BINDING IF ACCOMPANIED BY 25% OF PAYMENT

Does it give consent to the processing of the data contained in this Request for Participation?

[Read+](#)

Required Field

* Required Fields

EXHIBITOR'S INFORMATION

If the billing data are different from data Exhibitor must be submitted with this Application data Company invoiced

* VAT Number: _____

* Company Name Exhibitor: _____

* Address: _____

* Zip Code: _____ * Town: _____ * Country: _____

* Phone: _____ Web: _____ * Email: _____

If it is an Autonomous Region, indicate which: (Only applies to Portuguese Companies) _____

Indicate if you needed PROFORMA INVOICE _____

* Name of Responsible for Participation: _____

Job: _____ Email: _____ Phone: _____

ACTIVITY: Manufacturer Exporter Importer Distributor Services

• SECTOR _____

	sqm	Open side(s)	Euro	Cost
• SPACE (NOT includes Stand) Read+	_____	_____	0,00	0,00
• DISCOUNT: 20% on area increase. If you participated in ALIMENTARIA 2017 indicate sqm	_____	_____	0 sqm	
• SPACE - 2nd Floor _____ sqm	_____		0,00	0,00
• SPACE - Exterior Area (NOT includes Stand) _____ sqm	_____		110,00	0,00
• DISCOUNT: 10% on the value of Space. You making payment of 25% until 28 / 09 / 2018 ? _____				
• REGISTRATION FEE Read+			160,00	0,00
• REMOVAL OF WASTES FEE Read+		0 sqm	2,00	0,00
• ENERGY CONSUMPTION (NOT includes Electric Board) 0 KW		0 sqm	1,92	0,00
• ENERGY PERMANENT 24 HOURS Read+	_____		0,00	_____
• WANT TO PARTICIPATE IN THE HOSTED BUYERS PROGRAM? _____				

EXTRA COMMUNITY Exhibitors: check in Participation Rules conditions for not applying the VAT system in Portugal/Spain.

COMMUNITY Exhibitors: Validate your VAT Number to confirm not subject to VAT at the rate prevailing in Portugal/Spain. Check in:

http://ec.europa.eu/taxation_customs/vies/vatResponse.html

Sub-Total	0,00
VAT rate: 10%	0,00
TOTAL	0,00
Initial Payment: 25%	0,00
After Adjudication: 25%	0,00
Remaining payment until: 08 / 03 / 2019	0,00

PARTICIPATION RULES

AWARD REGULATIONS

GENERAL REGULATIONS FIL

Payment in favor of: ALIMENTARIA EXHIBITIONS, S.L.U. (reference) ALIMENTARIA & HOREXPO LISBOA 2019
CAIXABANK S.A. - IBAN: ES34 2100 5000 5202 0004 1262 - SWIFT: CAIXESBXXX

Declare wanting to participate in the above event, the conditions of this Request and General Rules of the FIL, and we learned that we accept. We pledge to SEND PROOF OF PAYMENT equivalent to 25% of the estimated value for our participation and liquidate the remainder under the rules applicable to the Exhibition.

Signature: _____

Date: _____

RETURN TO:

ALIMENTARIA EXHIBITIONS, S.L.U.

alimentariahorexpo-lisboa@alimentaria.comAvinguda Reina M^a Cristina, s/n - 08004 Barcelona - ESPAÑA

OV:

Cliente:

M2:

Frentes:

Pav.

Stand: