参展商申请表

重要提醒：请认真填写此表，表中部分内容将用于展会宣传、展位楣板及会刊制作。此表请于2019年5月16日前回传（咨询电话：86-020-81096720；81093706。电邮：gzmsrexpo@126.com）

咨询电话： 电邮：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 公司中英文名称 | |  | | | | | 公司国别(地区) | | | | |  |
| 公司简介  （300字以内） | |  | | | | | | | | | | |
| 公司地址（中英文） | |  | | | | | | | | | | |
| 公司网站 | |  | | | | | | | | | | |
| 公司电话 | |  | | 传真 | |  | | 邮箱 | |  | | |
| 拟参展企业情况  （在选定项目打“√”或涂黑，只选一项） | | 拟需展位数量： 是否特装：□是 □否  参展渠道：□自行参展 □商协会组织，商协会名称（中英文）：  □其他，备注：  展示内容：□实物 □图片 □其他：  展位配套活动：□无 □现场讲解 □特色表演 □互动娱乐 □其他： | | | | | | | | | | |
| 展品名称 | |  | | | | | | | | | | |
| 品牌 | |  | | | | | | | | | | |
| 参展联络人 |  | | 手机 | |  | | | | 电邮 | |  | |
| 代表签署（公司盖章）： 日 期： 年 月 日 | | | | | | | | | | | | |

**注：**请参展企业认真填写该表，同时提交纸质版盖章及word格式电子版，并附上企业营业执照复印件。

Exhibitor’s Application Form

Important Reminder: please fill in this form carefully. Some contents in the form will be used on show promotion, booth fascia board and show directory. Please return this form by May 16, 2019 (Tel: 86-020-81096720; 81093706. (email: gzmsrexpo@126.com)

Contact Tel. Email:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name in English and Chinese | |  | | | | | Country  (Region) | | | | |  |
| Company Profile  (within 300 words) | |  | | | | | | | | | | |
| Company Address (in Chinese and English) | |  | | | | | | | | | | |
| Company Website | |  | | | | | | | | | | |
| Company Tel. | |  | | Fax | |  | | Email | |  | | |
| Requirement of the exhibiting enterprise  (Choose and tick or blacken the blank for your selected item, choose one item only.) | | Number of Booths required： Special Decoration Required or Not：□Yes □No  Exhibitor types：□ Self-organized □Organized by business associations, organization name in English and Chinese: □Other：  Content to be Displayed：□ real object □ picture □ Other：  Booth supporting activities：□ none □ on-site demonstration □ Feature performance □Interactive recreation □ other： | | | | | | | | | | |
| Name of Exhibits | |  | | | | | | | | | | |
| Brand | |  | | | | | | | | | | |
| Exhibitor ‘s Contact Person |  | | Mobile Phone | |  | | | | Email | |  | |
| Signature of the Representative (Company Seal)： Date： (date) (month) (year) | | | | | | | | | | | | |

**Note: exhibitors are requested to fill in this form carefully, and submit the paper version and electronic version in word format with a copy of business license.**