

Application form for participants on group stands

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Messe Düsseldorf GmbH
Postfach 10 10 06
40001 Düsseldorf
Germany

For use by Messe Düsseldorf only: 1.0

Kunden-Nummer
Auftragsnummer
Online-Anmeldung ID
ZUOR (KDNr/Auftr.Nr)

REHACARE
INTERNATIONAL



Registration deadline / Start of hall planning:

24/4/18

Düsseldorf
26/9 – 29/9/18

Official sponsor/organiser takes care of passing on the registration to Messe Düsseldorf
www.rehacare.com

1 Legal name and address of the group stand participant* (contract partner/service recipient* of Messe Düsseldorf GmbH)

! Our media partner will contact you regarding your catalogue/website presentation in good time

Company **

Street **

Post Code ** City **

P.O. Box ** Post Code **

Country **

Company phone ** Company fax **

Our parent company is located (country)

Website **

Company E-Mail **

Our contact person – first name/surname Phone

E-Mail (Important – your future online account) Fax

Our Managing Director – first name/surname

Our order number

VAT ID

I herewith confirm that the company (= participant) is an entrepreneur and that all future services of Messe Düsseldorf GmbH will exclusively be purchased for our business.
in addition only for companies within EU: I herewith confirm that all future services of Messe Düsseldorf GmbH will be purchased under the explicit use of the VAT-ID No. above mentioned.

Legal (corporate) structure

2 Group stand organiser:

Company

Post Code City

in Hall No. Stand No.

3 Product categories (Form B)

Please note that product codes are not automatically listed in the catalogue!

Main area of presentation** (list one only):

4 We exhibited at the last show (Please provide stand number if known)

Stand number:

5 Media fee

will be invoiced to the official sponsor/organiser 150.– €

In the absence of any statutory ruling to the contrary, all prices are to be understood as subject to German turnover tax at the statutory rate.

* after notification of admission by Messe Düsseldorf GmbH

** The basic entry in the catalogue and on the Internet includes company name, address, and contact information, as well as the main area of presentation mentioned. You will receive additional catalogue and portal entry options from the respective publisher after notification of admission.

Data protection regulations see www.rehacare.com

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Please re-enter details

Company _____	

Post Code _____	City _____

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6 We are

- Manufacturer yes no

If no: We intend to exhibit products on behalf of listed manufacturers who have authorised us as their exclusive exhibitor.

- Importer/Exporter yes no

- an organisation yes no

- an association yes no

- registered/incorporated company yes no

City _____

No. _____ since _____

- Member of the following trade associations:

- BVMed SPECTARIS ZVEI

- Non-Profit federations/organisations

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By signing this application we accept as binding the Conditions of Participation as issued by Messe Düsseldorf GmbH, Düsseldorf.

The place of performance and jurisdiction for all mutual obligations is Düsseldorf or, at the request of Messe Düsseldorf, the jurisdiction of the exhibitor's place of business. This also applies to actions under the Bills of Exchange/Cheques Act.

7 Invoicing if applicable

- Electronic invoicing:**
(pursuant to clause 3 of the General Terms of Participation)
Would you email us the Messe Düsseldorf invoice, with the PDF file attached. For VAT regulatory reasons invoices will always be issued to the exhibitor listed under item 1.
The exhibitor guarantees proper invoice processing by the recipient.
Please send the electronic invoice to us at the following e-mail address:

via e-mail to _____

or

- Invoicing by mail:**
We prefer receiving the invoice by mail. For VAT regulatory reasons invoices will always be issued to the exhibitor listed under item 1

- to the address of the exhibitor listed under item 1

- to the following billing address

Company _____

Street _____

Post Code _____ City _____

Country _____

8 Comments

Place, Date

Legally binding signature and company stamp of the participant listed under 1