



EXHIBITOR APPLICATION FORM

Identification:

Company Name:	<input type="text"/>	Website:	<input type="text"/>
Contact Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone (direct line):	<input type="text"/>
Fax:	<input type="text"/>	E-mail:	<input type="text"/>

Data for Invoice:

Address:	<input type="text"/>		
	<input type="text"/>		
Zip Code:	<input type="text"/>	Country:	<input type="text"/>
VAT (nº):	<input type="text"/>	E-mail:	<input type="text"/>

Requested Information:

Product / Service to be Exhibited:	<input type="text"/>	Motor Generator Design & Simulation Software:	<input type="text"/>	
We are (sign with a cross):	Manufacturer:	<input type="text"/>	Manufacturer Rep.:	<input type="text"/>
	Resellers:	<input type="text"/>	Distributors:	<input type="text"/>
	Software House:	<input type="text"/>	Government Agency:	<input type="text"/>
	Other:	<input type="text"/>		

(To be dully filled and returned with 50% deposit in order to be considered for the space allocation)

(Please, complete this form and sent it to: eh2013-secretariado@apdee.org)

Date: _____

Signature: _____