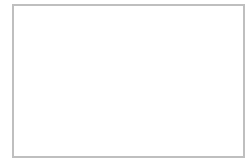




**EHE 2014**

5th International Conference on Electromagnetic Fields, Health and Environment  
24th - 26th April, 2014. Porto, Portugal



**EXHIBITOR APPLICATION FORM**

**Identification:**

Company Name:  Website:   
Contact Name:   
Address:   
  
Zip Code:  Country:   
Telephone:  Telephone (direct line):   
Fax:  E-mail:

**Data for Invoice:**

Address:   
  
Zip Code:  Country:   
VAT (nº):  E-mail:

**Requested Information:**

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

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Please, complete this form and send it to: [ehe2014-secretariado@apdee.org](mailto:ehe2014-secretariado@apdee.org) )