



Application

Page 1 of 2

Please send the original to:

For use by MEDICAL FAIR BRASIL only:	
Customer ID	<input type="text"/>
Order number	<input type="text"/>



www.medicalfair-brasil.com

International Exhibition on Hospital,
Diagnostic, Pharmaceutical, Medical &
Rehabilitation Equipment & Supplies
SÃO PAULO | BRAZIL
5-8 MAY 2020

Member of MEDICAL alliance

Emme Intermediação de Negócios Ltda
Alameda dos Maracatins, 1.217 – CJ. 1.006
Zip Code: 04089-014 - São Paulo – SP
Brazil

Contact:

Tel. +55 11 2365-4336

E-Mail: contato@emmebrasil.com.br

1 Exhibitor Information	
<hr/>	
Company Name*	
<hr/>	
Address *	
<hr/>	
Post Code *	City *
<hr/>	<hr/>
P.O. Box *	Post Code *
<hr/>	<hr/>
Country / Region *	
<hr/>	
Company Phone *	Company Fax *
<hr/>	<hr/>
Website *	
<hr/>	
Company E-Mail *	
<hr/>	
Exhibitor's contact person - first name/surname	Phone
<hr/>	<hr/>
E-Mail (Important - your future online login)	Fax
<hr/>	<hr/>
Our Managing Director – first name/surname	
<hr/>	
Our Financial Contact – first name/surname	
<hr/>	
VAT ID	
<hr/>	

2 Product categories (Form B)
Main area of presentation: (List until 3 codes)
<hr/>
<hr/>
<hr/>
Please list products codes that are not automatically in the B Form
<hr/>
<hr/>

3 Application for stand (space only)		
* Minimum 9 sqm		
Stand type	Price	
Row stand – 1 side open	<input type="checkbox"/> US\$ 240/sqm	
Corner stand – 2 sides open	<input type="checkbox"/> US\$ 245/sqm	
Front stand – 3 sides open	<input type="checkbox"/> US\$ 250/sqm	
Block stand – 4 sides open	<input type="checkbox"/> US\$ 255/sqm	
Stand number	<hr/>	
Format	<hr/>	
Total area	<hr/>	
3.1 Other taxes related to your participation		
(Obligatory) Media fee	US\$ 250.00	
(Obligatory) City hall taxes	US\$ 180.00	
(Obligatory) Fire extinguisher	US\$ 40.00 (1 per 25 sqm)	
Co-exhibitor fee	US\$ 750.00	
3.2 Total costs		
Item	Quantity	Total
Space	<hr/>	<hr/>
Media fee	1	US\$ 250.00
City hall taxes	1	US\$ 180.00
Fire extinguisher	<hr/>	<hr/>
Co-exhibitor fee	<hr/>	<hr/>
Total	<hr/>	<hr/>

*) The basic entry in the catalogue and on the Internet includes company name, address and contact information as well as the main product category.
You will receive additional catalogue options from MEDICA FAIR BRASIL team.

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4 Proposed co-exhibitors

The registration of co-exhibiting companies must also obligatorily be submitted for each co-exhibitor. The exhibitor will receive in due time via e-mail further information about the registration. Please note: the co-exhibitor fee is payable for each co-exhibitor.

5 We are interested in the following exhibitions

- MEDICA, Düsseldorf
- COMPAMED, Düsseldorf
- REHACARE, Düsseldorf
- FAMDENT, Mumbai
- INTEGRATION, Moscow
- MEDICAL FAIR ASIA, Singapore
- MEDICAL FAIR CHINA, Suzhou
- MEDICAL FAIR INDIA, Mumbai
- MEDICAL FAIR THAILAND, Bangkok
- MEDICAL MANUFACTURING ASIA, Singapore
- MEDITECH, Bogotá
- ZDRAVOOKHRANENIYE, Moscow

6 Invoicing (choose only one)

- Electronic invoicing:

Via e-mail to _____

or

- Invoicing by mail:

- To the address of the exhibitor listed under item 1
- To the following billing address

Company Name

Address

Post Code

City

Country / Region

7 Comments

By signing this application we accept as binding the Conditions of Participation and the Terms of Business as issued by MEDICAL FAIR BRASIL.

Place, Date

Legally binding signature and company stamp

Complete name

Position in company