|  |  |  |
| --- | --- | --- |
| **Exhibition/Fair Title:** |  | **Date: [DD/MM/YYYY]** |
| **Location:** |  | |

**Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Email Address:** |  | **Phone Number:** |  |
| **Job Title:** |  | **Organization/Company:** |  |
| **Address:** | **City, State, ZIP Code** | **Province/State** | **Country** |

**Registration Type**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Exhibitor | ☐ Attendee | ☐ Sponsor | ☐ Volunteer |

**Exhibition/Fair Details**

**Exhibition Booth (for Exhibitors):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Booth Number:** |  | | **Booth Size:** | | ☐ Small | |
| ☐ Medium | |
| ☐ Large | |
| **Product/Service Display (for Exhibitors):** | | |  | |  | |
| **Sponsorship Level (for Sponsors):** | ☐ Gold | ☐ Silver | | ☐ Bronze | | ☐ Custom |
| **Volunteer Role (for Volunteers):** |  | | | | | |

**Event Sessions and Activities**

**Please select the sessions and activities you plan to attend:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Opening Ceremony:** ☐ Yes ☐ No | **Panel Discussion 1:** ☐ Yes ☐ No | **Panel Discussion 2:** ☐ Yes ☐ No | **Workshop 1:** ☐ Yes ☐ No |
| **Workshop 2:** ☐ Yes ☐ No | **Networking Event:** ☐ Yes ☐ No | **Closing Ceremony:** ☐ Yes ☐ No |  |

**Special Requests**

**Dietary Restrictions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ None | ☐ Vegetarian | ☐ Vegan | ☐ Gluten-Free | ☐ Other: |
| **Special Accommodations:** |  | | | |

**Additional Information**

**How did you hear about this exhibition/fair?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Email | ☐ Social Media | ☐ Colleague | ☐ Website | ☐ Other: |
| **Comments or Questions:** | |  | | |

**Payment Information**

**Registration Fee:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibitor:** $\_\_\_\_\_\_\_\_ | **Attendee:** $\_\_\_\_\_\_\_\_ | **Sponsor:** $\_\_\_\_\_\_\_\_ | **Volunteer:** Free |

**Payment Method:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Credit Card | **Cardholder Name:** |  | |
| **Card Number:** |  | CVV: |
| **Expiration Date:** |  | |
| ☐ PayPal |  | ☐ Check (Payable to: |  |

**Confirmation**

**By submitting this form, I acknowledge that I have read and agree to the exhibition/fair's terms and conditions.**

* ☐ I agree

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | Signature | **Date:** | (DD/MM/YYYY) |