



***The 10th Ethio-Chamber International Trade Fair
Participation Registration Form
(Domestic Participants)***

1. Company/Organization :				
2. Type of Company:				
Address: Region	Town:	Sub-city:	Wereda:	
House No.	Telephone No.	Fax.		
P. O. Box	Country /District			
E-mail	P. O. Box			
3. Business Classification:				
Type of business (Please tick as appropriate)				
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Export	<input type="checkbox"/> Import	<input type="checkbox"/> Wholesale	
<input type="checkbox"/> Retail	<input type="checkbox"/> Service	<input type="checkbox"/> Government/Trade Commission Organization		
<input type="checkbox"/> Other (Please specify: _____)				
4. Required Space and Total Payment:				
Indoor space: _____ sq.m x 154 Birr x 5 Days = _____				
Outdoor space: _____ sq.m x 143 Birr x 5 Days = _____				
Total Space Rent = _____				
Registration Fee 1,000.00				
Total Payment for the booth - = _____				
15% VAT = _____				
Total Payment = _____				
Minimum space required is 9m².				
Exhibit type: _____				
I/we the undersigned hereby apply to participate in “The 10 th Ethio-Chamber International Trade Fair” accepting the financial obligations & other provisions indicated in this application form.				

Name and Title		Signature and Seal		Date
Intention of Business Matching (Please tick as appropriate)				
	Product	Service	Partnership/Joint Venture	Investment Project
Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detail Information About the company:-				

Note:-

- ✚ By virtue of submitting this duly completed form signed both by your company and witnesses representing the organizer note that you have entered into a contractually binding legal agreement with the organizer.
- ✚ 50% advance payment should be made upon registration. The remaining 50% should be settled 30 days before the opening of the Exhibition.
- ✚ Payment should be effected to “Ethio-Chamber International Trade Fair” in cash or Cheque/CPO.

Name of ECCSA’s Focal Person _____ Signature _____

Attestation by witnesses

We, the undersigned, witness that the service seeker has consented to accept the terms of agreement mentioned here in above.

1. Name _____ Signature _____

2. Name _____ Signature _____