



2020年第三届中国国际进口博览会 参展申请表

1、咨询电话：+86-21-67008870/67008988

2、请申请人完整、准确填写本申请表并于签字、盖章后发送至ciie2020@ciie.org。收到贵司有效申请表后，我们会与申请人进一步沟通，如申请人通过审核，我们将及时告知。

3、带*的项目为必填项。

展会时间：2020年11月5-10日		展会地点：国家会展中心（上海）	
*单位名称 (全称)	中文		*国家 / 地区
	英文		城市
*地址			
*邮政编码		*联系人	<input type="checkbox"/> 女士 <input type="checkbox"/> 先生
*电话		职务	
*手机		传真	
*电子邮箱		公司官网	
*企业简介			
参展展品/服务信息			
*展品类别（至少选一项）	<input type="checkbox"/> 技术装备 <input type="checkbox"/> 汽车 <input type="checkbox"/> 消费 <input type="checkbox"/> 食品 <input type="checkbox"/> 医疗 <input type="checkbox"/> 服务贸易		
展品名称（选填）			
<p>* 申请人申请：（请填写且仅填写一项）</p> <p><input type="checkbox"/> A.标准展位 _____ 个（9平方米/个）</p> <p><input type="checkbox"/> B.光地 _____ 平方米（最少租用36平方米）</p> <p><input type="checkbox"/> 室内</p> <p><input type="checkbox"/> 室外 （仅限技术装备展区）</p> <p>* 申请人提交完整、有效填写并经盖章、签字的申请表，视为申请人确认参展，如经主/承办方审核通过，申请人应于收到通知之日起60日内与相关承办方签订《参展合同》，实际参展面积、展区、参展费用等均以《参展合同》为准。如因申请人原因未能如期与相关承办单位签署《参展合同》，视为申请人放弃参展，承办单位不予保留相关的展位、参展面积等。</p> <p>* 如申请人未通过审核，恕不另行通知。</p>			

申请人（盖章）：

法定代表人/授权代表（签字）：

申请日期：





The 3rd China International Import Expo 2020 Application Form

1. Tel.: +86-21-67008870/67008988

2. The applicant is expected to accurately complete the application form with signature and sealing, and send it to ciie2020@ciie.org. After receiving the valid application form, we will further communicate with the applicant. If the application is approved, we will inform the applicant in a timely manner.

3. Content marked * is required.

Date: November 5-10, 2020		Venue: National Exhibition and Convention Center (Shanghai)		
*Company Name (full name)	Chinese		*Country/Region	
	English		City	
*Address				
*Postal Code		*Contact	Ms. <input type="checkbox"/> / Mr. <input type="checkbox"/>	
*Phone		Position		
*Mobile Phone		Fax		
*Email		Exhibitor Website		
*Company Profile				
Exhibit/Service Information				
*Exhibit Category (minimum one)	<input type="checkbox"/> Intelligent Industry & Information Technology <input type="checkbox"/> Automobile <input type="checkbox"/> Consumer Goods <input type="checkbox"/> Food and Agricultural Products <input type="checkbox"/> Medical Equipment & Health Care Products <input type="checkbox"/> Trade in Services			
Exhibit Name (optional)				
<p>* <i>The Company is applying for: (Please fill in one item only)</i></p> <p><input type="checkbox"/> A. Standard Booth _____ (in number, 9 m²/each)</p> <p><input type="checkbox"/> B. Raw Space _____ m² (minimum 36 m²)</p> <p><input type="checkbox"/> Indoor</p> <p><input type="checkbox"/> Outdoors (Only for the Intelligent Industry & Information Technology Exhibition Area)</p> <p>* If the applicant submits an application form that is completely and validly filled in, sealed, and signed, it is deemed as the applicant's confirmation of participation. After the approval by the organizer, the applicant shall sign the Participation Contract with the responsible organizer within 60 days from the date of receiving the notice. The actual exhibition area, zone, and cost shall be subject to the Participation Contract. If the applicant fails to sign the Participation Contract with the organizer due to their own reason, it is deemed that the applicant has refused to participate. The organizer will not retain relevant booths, exhibition areas, etc.</p> <p>* If the application is not approved, no further notices will be sent.</p>				

Applicant (sealed):

Legal Representative / Authorized Representative (signature):

Application Date:

