|  |  |  |  |  |
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| **Joint company exhibition of**  **the Federal Republic of Germany**  ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector 25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina | | |  | |
|  | | **Organiser** | **In cooperation with** | |
| Messe Düsseldorf GmbH  Messeplatz  40474 Dusseldorf  Germany | |  |  | |
| **Realisation and exhibition management (implementation company**  **within the meaning of the General Conditions of Participation)** | | |
| **Messe Düsseldorf GmbH**  http://www.messe-duesseldorf.de | | |
| Phone: +49 211 4560-01  **Project manager:**  **Vanessa Klein / Udo Wiemann**  KleinV@messe-duesseldorf.de /WiemannU@messe-duesseldorf.de  Phone: +49 211 4560-489 / 0211 4560-7756  Fax: +49 211 4560 - 87489 / 0211 4560-87-7756 | |  |
| Registration | Closing date for registrations: 24. May 2019 | | | |
| We hereby register as participants at the above-mentioned participation. Please note: Sub-exhibitors have to be registered separately. | | | | |

# 1. Participant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Company name: |  | | |  |
|  | Street: |  | Contact partner: |  |  |
|  | Postcode & town: |  | Phone: |  |  |
|  | Federal state: |  | Fax: |  |  |
|  | VAT ID: |  | E-Mail: |  |  |

# 2. Required exhibition space

All amounts indicated below are subject, where applicable, to statutory German and to statutory foreign taxation

**2.1. Square meter**

**2.1.1.** Participation up to and including the 4th time:

|  |
| --- |
| •  **m²** hall space **incl. stand construction 255,00 €/m²** (up to 100 m², minimum area 9 m²) |

**2.1.2.** Participation for the 5th time or more:

|  |
| --- |
| • not applicable |

**2.1.3.** Participation fee for space more than 100 sq.m. in the hall as well as for exhibitors, which cannot sign the attached declaration regarding double-funding respectively participation of the public sector (public authorities or public companies):

|  |
| --- |
| •  **m²** hall space **incl. stand construction 817,00 €/m²** (minimum area 9 m²) |

**3. Mandatory Fee/s** (do not depend on number of participations)

|  |
| --- |
| • not applicable |

**4. Connections** (do not depend on number of participations)

|  |
| --- |
| • not applicable |

**5. Exhibition goods** (At information stand: product range) **Dimensions Weight**

|  |  |  |
| --- | --- | --- |
| • |  |  |
| • |  |  |
| • |  |  |

We have noted and acknowledged the General and Special Conditions of Participation. We undertake only to exhibit products which are produced according to No. 8 of the General Conditions for Participations of the Federal Republic of Germany at trade fairs and exhibitions abroad. We have completed and enclosed the registration appendices. We agree to the computer-aided recording, storage, and forwarding of company details to third parties. We declare, that insolvency proceedings have not been filed or opened for our assets or that we have not issued or are obliged to make a statutory declartion in accordance with sec. 802c Civil Code of Civil Procedure (ZPO) or sec. 384 of the German Tax Code (AO) 1977.

|  |  |
| --- | --- |
|  |  |
| **Place, date** | **Company stamp & legally binding signature** |

Enclosures:

• Appendix to registration form: Special Conditions of Participation

• Appendix to registration form: General Conditions of Participation

• Appendix to registration form: Declaration regarding double-funding respectively participation of the public sector (public authorities or public companies)

• Appendix to registration form: Alternative address for invoices

• Confirmation of assumption of costs

• Application of a sub-exhibitor by the main-exhibitor

**Joint company exhibition of the Federal Republic of Germany**

ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina

**Appendix to registration form**

(Mandatory: please return with the registration form)

**Exhibitor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Company: |  | | |
|  | Street: |  | Managing Director: |  |
|  | ZipCode, Town: |  | Commercial Reg.-No.: |  |
|  | Federal state: |  | District court: |  |
|  |  |  | Contact partner: |  |

**Declaration regarding double-funding respectively participation of the public sector   
(public authorities or public companies)**

With our registration for the official joint company exhibition at the

**ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector   
25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina**

I hereby declare/we hereby declare, that I/we do not receive any institutional fundings granted/covered by public resources.

I hereby declare/we hereby declare, that I/we do not receive any further public support out of project fundings for the participation at this trade fair/exhibition.

I hereby declare/we hereby declare, that my/our company is not a federal, state or municipal authority, is neither a state development institution nor any other legal entity under public law.

I hereby declare/we hereby declare that my/our company is not directly or indirectly majority-owned by a religious community/communities or by a legal entity/entities under public law.

|  |  |
| --- | --- |
|  |  |
| **Place, Date** | **Company stamp & legally binding signature** |

**Joint company exhibition of the Federal Republic of Germany**

ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina

**Alternative address for invoices**

**Exhibitor**

|  |  |  |
| --- | --- | --- |
|  | Company: |  |
|  | Street: |  |
|  | ZipCode, Town: |  |
|  | Federal state: |  |

**Exhibition**

**ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector  
25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina**

**Alternative address for invoices**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Company: |  | | |
|  | Address: |  | | |
|  | ZipCode: |  |  |  |
|  | Postbox: |  | Name: |  |
|  | Postbox ZipCode: |  | Phone: |  |
|  | Town: |  | Fax: |  |
|  | Country: |  | E-Mail: |  |

|  |  |
| --- | --- |
|  |  |
| **Place, Date** | **Company stamp & legally binding signature** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Joint company exhibition of the Federal Republic of Germany**  **Firmengemeinschaftsausstellung der Bundesrepublik Deutschland**  ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector 25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina | |  | |
|  | **Organiser** | **In cooperation with** | |
| Messe Düsseldorf GmbH  Messeplatz  40474 Dusseldorf  Germany |  |  | |
|  | **Realisation and exhibition management Durchführung / Ausstellungsleitung** | | |
| **Messe Düsseldorf GmbH**  http://www.messe-duesseldorf.de | | |
| Phone: +49 211 4560-01  **Project manager:**  **Vanessa Klein / Udo Wiemann**  KleinV@messe-duesseldorf.de /WiemannU@messe-duesseldorf.de  Phone: +49 211 4560-489 / 0211 4560-7756  Fax: +49 211 4560 - 87489 / 0211 4560-87-7756 | |  |
| **Confirmation of assumption of costs regarding the above mentioned Joint company exhibition**  **Kostenübernahmeerklärung zur oben genannten Firmengemeinschaftsausstellung** | | | | |

**1. Exhibitor / Aussteller**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Company/Firma: |  | | |
|  | Street/Straße: |  | | |
|  | ZipCode, Town/PLZ, Ort: |  | **ID No./Ident-Nr.:** |  |
|  | Federal State/Bundesland: |  | **Order No./Auftrags-Nr.:** |  |

|  |  |  |
| --- | --- | --- |
| We request you to enforce your claims resulting from our applications for the above event and from our participation in the said event against the debitor stated under 2, who is jointly and severally liable. We are aware that we will be released from our obligation to pay only upon complete settlement of your claims. | | Wir bitten, Ihre Forderungen, die aus unserer Anmeldung zur obigen Veranstaltung und unserer Teilnahme an dieser entstehen, gegenüber dem unter Ziff. 2 aufgeführten, gesamtschuldnerisch haftenden Rechnungsempfänger geltend zu machen. Uns ist bekannt, dass wir erst nach vollständigem Ausgleich der Ihnen entstehenden Forderungen von unserer Verpflichtung zur Zahlung frei werden. |
|  | |  | | |
| **Ort, Datum  Place, Date** | | **Firmenstempel & rechtsverbindliche Unterschrift Company stamp & legally binding signature** | | |

**2. Debitor / Rechnungsempfänger**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Company/Firma: |  | | |
|  | Address/Straße: |  | | |
|  | ZipCode/PLZ/: |  |  |  |
|  | Postbox/Postfach: |  | Person in charge/zuständig: |  |
|  | Postbox ZipCode/PPZ: |  | Phone/Telefon: |  |
|  | Town/Ort: |  | Fax/Fax: |  |
|  | Country/Land: |  | E-Mail/E-Mail: |  |

|  |  |  |
| --- | --- | --- |
| I/We hereby declare that I/we by way of collateral promise assume joint and several liability for all claims which arise in favour of the creditor resulting from the participation or a possible cancellation of participation of the company stated under 1 in the above event. | Ich/wir erkläre(n) hiermit, dass ich/wir im Wege des Schuldbeitritts die gesamtschuldnerische Haftung für alle Forderungen übernehme(n), die dem Gläubiger aus der Teilnahme oder einer eventuellen Absage der Teilnahme des unter Ziff. 1 genannten Ausstellers an der obigen Veranstaltung entstehen. | |
|  | | |  | |
| **Ort, Datum  Place, Date** | | | **Firmenstempel & rechtsverbindliche Unterschrift Company stamp & legally binding signature** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Firmengemeinschaftsausstellung der Bundesrepublik Deutschland**  ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector 25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina | | | |  | | | | | |
|  | | | **Veranstalter** | **In Kooperation mit** | | | | | |
| Messe Düsseldorf GmbH  Messeplatz  40474 Dusseldorf  Germany | | |  |  | | | | | |
|  | | | **Durchführung / Ausstellungsleitung (Durchführungsgesellschaft i.S.d. Allgemeinen Teilnahmebdingungen)** | | | | | | |
| **Messe Düsseldorf GmbH**  http://www.messe-duesseldorf.de | | | | | | |
| Tel.: +49 211 4560-01  **Projektleiter(in):** **Vanessa Klein / Udo Wiemann**  KleinV@messe-duesseldorf.de /WiemannU@messe-duesseldorf.de  Tel.: +49 211 4560-489 / 0211 4560-7756  Fax: +49 211 4560 - 87489 / 0211 4560-87-7756 | |  | | | | |
| **Anmeldung eines Unterausstellers durch den A U S S T E L L E R** | | | | | | | | | | |
|  | **1. Aussteller / Exhibitor**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Firma: |  | zuständig: |  | |  | Straße: |  | Telefon: |  | |  | PLZ Ort: |  | Fax: |  | |  | Bundesland: |  | E-Mail: |  | | | | | | | | | |  | |
|  | |  | | | |
| **2. Unteraussteller / Sub-exhibitor**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Firma: |  | zuständig: |  | |  | Straße: |  | Telefon: |  | |  | PLZ Ort: |  | Fax: |  | |  | Bundesland: |  | E-Mail: |  | | | | | | |
| Internet: |  |  | | | | |

|  |  |
| --- | --- |
| **3.** | **Pauschale für Unteraussteller** DiePauschale für die Aufnahme eines Unterausstellers beträgt **EUR 500,00 / Unteraussteller.**  Aufnahme in den Internetauftritt und in die Broschüre der Firmengemeinschaftsausstellung wird gewünscht  ja  nein  Das Formular zur Datenerfassung wird ausgefüllt vom Hauptaussteller  Unteraussteller  Nach Erhalt der unterzeichneten Mitausstelleranmeldung wird dem Aussteller das Formular zur Datenerfassung wie oben angegeben zugesandt. |
| **4.** | **Zusätzliche obligatorische Gebühren des Veranstalters der Messe für Unteraussteller**  • entfällt |

**5. Ausstellungsgüter (Unteraussteller)** Abmessungen/Dimension Gewicht/Weight

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

**6. Anerkennung der Teilnahmebedingungen**

|  |  |
| --- | --- |
| Ich/Wir bestätigen hiermit rechtsverbindlich, dass wir die Allgemeinen und Besonderen Teilnahmebedingungen für Beteiligungen des Bundes an Messen und Ausstellungen im Ausland anerkennen. | |
|  |  | |
| **Ort, Datum** | **Firmenstempel und Unterschrift des Unterausstellers** | |
|  |  | |
| **Ort, Datum** | **Firmenstempel und Unterschrift des Ausstellers** | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Joint company exhibition of the Federal Republic of Germany**  ExpoMedical - International Show for Products, Equipment and Services for the Healthcare Sector 25. Sep. - 27. Sep. 2019, Buenos Aires, Argentina | | | |  | | | | | |
|  | | | **Organiser/** | **In cooperation with** | | | | | |
| Messe Düsseldorf GmbH  Messeplatz  40474 Dusseldorf  Germany | | |  |  | | | | | |
|  | | | **Realisation and exhibition management implementation company within the meaning of the General Conditions of Participation)** | | | | | | |
| **Messe Düsseldorf GmbH**  http://www.messe-duesseldorf.de | | | | | | |
| Phone: +49 211 4560-01  **Project manager:**  **Vanessa Klein / Udo Wiemann**  KleinV@messe-duesseldorf.de /WiemannU@messe-duesseldorf.de  Phone: +49 211 4560-489 / 0211 4560-7756  Fax: +49 211 4560 - 87489 / 0211 4560-87-7756 | |  | | | | |
| **Application of a sub-exhibitor by the E X H I B I T O R** | | | | | | | | | | |
|  | **1. Aussteller / Exhibitor**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Company: |  | Person in charge: |  | |  | Address: |  | Phone: |  | |  | ZipCode Town: |  | Fax: |  | |  | Bundesland/Country: |  | E-Mail: |  | | | | | | | | | |  | |
|  | |  | | | |
| **2. Unteraussteller / Sub-exhibitor**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Company: |  | Person in charge: |  | |  | Address: |  | Phone: |  | |  | ZipCode Town: |  | Fax: |  | |  | Bundesland/Country: |  | E-Mail: |  | | | | | | |
| Internet: |  |  | | | | |

|  |  |
| --- | --- |
| **3.** | **Fee for sub-exhibitors** For registration of a sub-exhibitor a registration fee of **EUR 500,00** **/ sub-exhibitor** will be due.  Admission to the internet presence and brochure  to the German joint stand is requested  yes  no  The data collection form will be filled in by the main-exhibitor  the sub-exihibitor  As soon as we have received the application for co-exhibitors we will send you the data collection form as stated above. |
| **4.** | **Additional mandatory fee/s for a sub-exhibitor charged by the organizer of the trade fair**  • not applicable |

**5. Exhibits (Sub-exhibitor)** Abmessungen/Dimension Gewicht/Weight

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

**6. Confirmation of the Terms of Conditions**

|  |  |
| --- | --- |
| I/We accept the General and Special Conditions of Participation of the Federal Republic of Germany at trade fairs and exhibitions abroad. | |
|  |  | |
| **Place, Date** | **Company stamp and signature of the sub-exhibitor** | |
|  |  | |
| **Place, Date** | **Company stamp and signature of the exhibitor** | |