



ARUSHA INTERNATIONAL CONFERENCE CENTRE

We Bring the World to Tanzania

APPLICATION FORM FOR PARTICIPATION IN MEETINGS AFRICA EXHIBITION, SANDTON SOUTH AFRICA 25TH -27TH FEB 2019

1: Company

Company Name***

2: Company Details

Your company name and contact address as you wish to appear on the Tanzania stand and catalogue entry (Please make sure it is correct, any changes on site will be costed to you, e.g. © or "and", "Limited or "Ltd", etc)

Company Name *** -----

Physical Address *** -----

Postal Address *** -----

Telephone Number *** -----

Fax Number*** -----

Email *** -----

Website*** -----

Contact Person *** -----

Mobile Number *** -----

3: Names and position of exhibitors:

Please indicate in capital letters salutation, first name and surname of the participants attending the Exhibition

(i) ----- Position *** -----

(ii) ----- Position*** -----

4: Participation Fee

The participant fee for MEETINGS AFRICA for private companies.

US \$ 2,800 maximum Two (2) participants

NOTE:

Terms of payment:

100% BEFORE THE DATE OF EXHIBITION

AICC US dollar Account No. **01 41 0 5000 976 NBC Arusha Branch**

(Please send a bank deposit slip to dcm@aicc.co.tz and colletanchimbi@gmail.com)

Exhibitors are advised to inform Fair coordinator once payment has been made by sending/attach a copy of the bank transfer.

5: Exhibitor Table Allocation

The exhibitor will be allocated a table with 3 chairs and place to display brochures and other company materials.

6: Coordinator

Coordinator's Name

Mkunde S. Mushi

Coordinator's Email

dcm@aicc.co.tz

7: Disclaimer:

CANCELLATION FEE

It is hereby agreed between the **Applicant** and **Arusha International Conference Centre (AICC)** that in the event of participation cancellation, the Applicant shall forfeit 50% of the fee paid if AICC received a NOTICE OF CANCELLATION one month prior to the event.

Contacts:

Arusha International Conference Centre

Block 3, Africa Mashariki Road

P.O. Box 3081, Arusha

Tel: +255 2050181-5/+255 27 2050214

Website: www.aicc.co.tz

8. AUTHORIZATION:

Name of Representative:

Signature:

Date:

STAMP