STAND BOOKING REQUEST







DATE	CONTRACT NUMBER
DD / MM / YY	

Please fiill out the following form with the required information, and send it to Alejandro Redondo aredondo@corferias.com, Alexandra Alegria m.alegria@koelnmesse.co,Lena Pletzinger I.pletzinger@koelnmesse.co or Andrés Randazzo arandazzo@corferias.com. In addition, this form should be sent to the Commercial Department of CORFERIAS, at Carrera 37 N° 24 - 67, Bogotá D.C. as soon as possible, duly signed by the Legal Representative, along with the Certificate of Incorporation and Management, a photocopy of the Tax ID Number and a photocopy of the Citizenship Card of the company's Legal Representative. This information will be included in THE OFFICIAL CATALOG OF THE FAIR and IN THE IDENTIFICATION OF NATIONAL AND INTERNATIONAL BUYERS once the respective hire contract has been signed.

For the purpose of taking part in interzum bogotá, which will take place in Bogota, D.C. from 26th to 29th of May, 2020, and acting in the name of and representing the company, we hereby reserve our place, agreeing to the provisions contained in the Participation Regulations for this event and others set forth by the Executive Chair of CORFERIAS.

I. EXHIBITOR GENERAL INFORMATION											
Tax ID Number		Company name Commercial acronym									
Address City		City	Region	1	Country	Country		State	+ZIP-Code (if applicable)		
Telephone				Fax	Fax				ISIC Code (Inte	ernational S	Standard Industrial Classification of All Economic Activities
Corporate e-mail	l				Website						
E-mail E-Billing				Responsible(s	s) Electro	onic Invoicing			Telephone		
2											
				Legal Repres	sentativ	ve and Direct	or informa	tion			
Identification nur (e.g.Passport, ID according to prov	mber , etc.) vided	Legal Represe	ntative Name	Position		Telephone	Telephone Ce		Cell phone		E-mail
Identification nur (e.g.Passport, ID according to prov	mber , etc.) vided	Full Name		Position		Telephone		Cell phone			E-mail
				Comta	ot novo	on for the ov	hibition				
Identification number (e.g.Passport, ID, etc.) according to provided			Position			on for the exhibition Telephone C		Cell phone		E-mail	
Commercial Nar	Commercial Name of the Company for publication in the exhibitor's catalogue YES Commercial name of the Company for publication in the Exhibitor Catalog *Required Field* NO								itor Catalog <u>*Required Field</u>		
			Fo	r this event we ha	ave boo	ked the follo	wing exhib	bition	areas		
Hall	Level Amount sqm						Total Rate				
Notes:											
Stand Construction											
Please indicate your preference of stand construction (tick only one) Basic Assembly (standard shell scheme included in the rental price) Premium standard shell schemes (price upon request) If you selected BASIC ASSEMBLY or in case you have individual stand construction and want a fascia bord with your company name, write the name of the company that yoy would like to appear on the fascia board:											
Individual stand construction with own stand constructor											
II. CLASSIFICATION OF EXHIBITING COMPANY											
Please identify the <i>Economic Activity</i> of your company											
AG Agricultural CY Wholesale Marketer FB Manufacturer SS Social Services											
AP Public Administration CN Retail Marketer IM Importer RE Representative											
CA Consultant DT Distributor CT Construction Other (Specify)											
EX Exporter SR Services											

Origin of the Company: National with Colombian Tax ID National Representation w/ Colombian Tax ID (Number)										
	Multinational with Co	lombian T	Tax ID				International with For			
Size of	Joint Participation w/ the company	Companie	es with For	Type of compa						
l .	Microbusiness (fewer that	oloyees)	PR Private			_		ernation	al Body	
	Small (11 to 50 employe	•		EO Official Entity - Government GA Guild - Association			GOVERNIENC	EM Embassy CC Chamber of Commerce		
	Medium (51 to 200 empl		١		If your company belongs to a Guild - Association, please indicate				ate w hic	ch one.
Large (more than 200 employees) Multinational										
Are you participating with an international delegation? Which delegation are you participating with? YES NO										
III. PRODUCTS AND SERVICES										
Please indicate your products and/or services in the following classification 1. Machines and auxiliary machines for woodworking, furniture production and construction										
1	Extraction M achines	2		ing & Sharpening chines	3		Forest Machines	4		Machines and technical equipment for assembly and joining
5	Multipurpose machinery, workshop equipment	6	equi	chines, tools, pment and aids surface treatment	7		Machines and Components for Upholstered Furniture and Mattresses	8		interiors (stationary)
9	Machines for specialized manufacturing	10	man wind	chines for the ufacturing of ows, doors and	11		Machines for flooring manufacturing	12		Auxiliary machines and products for the equipment of machines
gates 2. Materials & nature, function & components										
						·				
13	Solid wood	14	Aggl	lomerates	15		Immunized Wood	16		M DF and Triplex bo ards
17	Furniture parts	18		od Finishes	19		Structures	20		Floors
21	Doors	22	hous wood cons Plant	ts for prefabricated e construction/ d frame truction; ts for timber truction	23		Lighting Systems for Furniture and Interior Works	24		Adhesives and Tapes
25	Rubber Cements	26	Furn	niture Fittings	27		Architectural Fittings	28		Acrylic Paintings
29	Sealants, Lacquers and Catalyzed Inks	30		asives (fabric, er, discs)						
3. Hardware, equipment & textile										
31	Applicators	32	Circi Saw	ular and Vertical s	33		Foams and Fabrics for Upholstered Furniture and Mattresses	34		Portable machines, hand tools, power tools, equipment and aids for furniture production and wood interiors (e.g. cutting and sharpening machines, drills, screwdrivers and polishers, etc.)
				4	. Forest	try T	echnology			
35	Forestry Operators	36	Rind	ls and Pulps	37		Seeds and Harvest for reforestation	38		Energy from wood; use of residual wood (dust, chips, firewood, bark)
			5	. Organizatio	n, med	ia an	nd transverse Services	S		
39	Services, IT	40	Con	sultancy	41		Associations and organisations	42		Training
43	Services	44	Maq	quila	45		Government Entities	46		Partnerships
47	Leasing and financial entities	48	Trad	le press	49		Other, please specify below			
6. PRODUCTS/ SERVICES, BRANDS, COUNTRIES OF ORIGIN										
Please provide details of the Products and/or Services that you will exhibit at the Fair										
Please specify the product Brands that you represent / sell										
Please	specify the Countries of	Origin o	of the prod	lucts that you re	epresen	t / sel	II			

IV. POTENTIAL BUYERS										
In order to organize and promote a fair that increasingly meets the exhibitors' needs and to ensure that the appropriate buyers are at the fair, we kindly ask you to fill in the items below										
Indicate the purpo	se of your par	rticipation as an e	xhibitor							
Gaining contra	ects and orders	Mai	rket overview	La	unch of new products/s	services Ac	quiring agents			
Attracting new maintaining cu	customers, stomer relation		tivation of marke	ets Co	ooperation/granting lice	enses Ot	her objectives			
			Pot	ential Natio	nal Ruyers					
Please give further in	formation on P o	otential National E				ch the list) as follows:				
Please give further information on <i>Potential National Buyers</i> that you would like to contact (you may attach the list) as follows: Company Economic activity Contact/Position Telephone E-mail Country / City										
			Potent	ial Internati	ional Buyers					
Please give further in	formation on P	otential Internatio				attach the list) as follows:				
Compan		Economic activity	Contact/F		Telephone	E-mail	City/Country			
					·					
		Countrie	s where the Exh	ibitor has or	will carry out Exports a	and Imports				
	Export Co	ountries	%		Import Countries		%			
If you do not have information regarding international companies, please describe the profile of the potential national buyer or international company that you would like to contact										
Select the Size of t	he Company	that you would lik	e to contact							
Microbusi	ness	Small		4edium		Large	Multinational			
					gotiations and Busine					
Identification	Eul	Inames	Posit		Telephone	Cell phone	E-mail			
derinication	i ui	Hanes	1 031	ЮП	текерноне	Cell priorie	L-maii			
National Payment:			V. N	IETHOD OF	PAYMENT nal Payments:					
30% upon signature of the 30% three months after co	ontract signature			30% upon con	tract signature s before the start of the even	t				
National Payment				Internation	al Payments					
Beneficiario:Corporación de Ferias y Exposiciones S.A Número de cuenta: 4818-0000-0756 Cuenta de Ahorros: Davivienda Código de la Feria: 57-03 Re Int					Beneficiary: Corporación de Ferias y Exposiciones S.A Beneficiary's account number: 80100004590 Beneficiary Bank: Bancolombia Panamá S.A SWIFT Code. COLOPAPA Address: Calle 47 y Aquilino de la Guardia. Plaza Marbella - Edificio Bancolombia Apartado 0816-03320 Panamá-República de Panamá Tel: (507) 2 63 69 55 - 2 08 97 00 Intermediary Bank: Citibank N.A, New York, USA Aba / Swift: 021000089 / CITIUS33 Bancolombia Panamá número de cuenta de Citibank N.Y: 36009162					
Terms and Condition										
 The subscriber guarantees and agrees that the products registered in the present Stand Booking, are the only products that will be exhibited in the hired area and are related to the theme of the fair or event. The subscriber declares that the information provided is truthful, complete, accurate, update-to-date and authorizes that this information is provided to the operators and those w ho use it, with commercial intentions: The subscriber states and w arrants that the activities developed through his company have all permits and licenses required for execution. The subscriber agrees that in case of w ithdraw all or cancellation of this reservation, the amount delivered as an advance payment, w ithout exceeding the 30% from the total value of the contract, shall be property of Corferias, w ithout prejudice legal actions that may be held. This document provides executive merit for the parties involved. The subscriber agrees to the conditions of participation set forth by the organizers: 										
I have read and accept the Terms and conditions YES										

Type of Exhibitor		Exhibiting Company Legal Representative Signature							
New	Former Past, renewing								
Years of Participation:									
'		Full names:		ID					
	FOR USE EXCLUSIVELY BY THE CORPORATION								
Corferias Sa	ales Coordinator Signature	Report Date	Notes:						
		MM/ DD / YY							
Full name:		Time:							