

## OVERSEAS EXHIBITOR'S APPLICATION FOR EXHIBIT SPACE & OFFICIAL DIRECTORY ENTRY

Upon sending this application form, you must also attach one copy of your company's product catalogue or your website homepage to:

Ms. Jasmine Wu, TAITRA Exhibition Department, Section V  
5 Hsin-yi Road, Sec. 5, Taipei 11011, Taiwan  
Tel: 886-2-2725-5200 Ext. 2658 Fax: 886-2-2729-1089 E-mail: taispo@taitra.org.tw

We hereby apply for

\_\_\_\_\_ booth(s) (3mx3m per booth) Booth type (check one): ☐ Raw space ☐ Shell scheme ☐ Startups  
TaiSPO Digital Package: ☐ Basic (USD 500) ☐ Advanced (USD 900) ☐ Premium (USD 1,200)

\* Only exhibitors who apply for ONE or TWO booths can choose either shell scheme or raw space, others will be allotted raw space only.  
\* Total booth number shall not exceed 64 booths.

<b>1</b>	Company Name: _____ Abbreviation of Company Name: _____ Address: _____ Country: _____ Trade Show Contact Person: _____ E-mail: _____ Tel: _____ - _____ - _____ Fax: _____ - _____ - _____ Mobile: _____ <small>(Country Code) (Area Code) (Phone Number) (Country Code) (Area Code) (Fax Number)</small> Sales Contact Person: _____ E-mail: _____ Tel: _____ - _____ - _____ Fax: _____ - _____ - _____ Mobile: _____ Website: _____ Exhibiting Area (check one only): <input type="checkbox"/> Indoor Fitness <input type="checkbox"/> Outdoor Sports <input type="checkbox"/> Sports and Fashion (new) <input type="checkbox"/> Water Sports <input type="checkbox"/> Tech and Service <input type="checkbox"/> All Age Fitness Zone (new) <input type="checkbox"/> VR/e-sports (new) Products to be displayed: (Refer to the "Exhibit Profile" as attached and fill in the codes in the blanks below.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. Other: (Please specify) _____ Product brand name(s): _____
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<b>2</b>	Agent / Representative (if any): _____ Company Name: _____ 營利事業統一編號: _____ 公司中文名稱: _____ Address: _____ 中文地址: <input type="text"/> <input type="text"/> <input type="text"/> _____ Contact Person: _____ E-mail: _____ Tel: _____ Ext. _____ Fax: _____ Cell: _____
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<b>3</b>	For show follow-up such as for rental payment and space allocation, please contact: <input type="checkbox"/> My Company <input type="checkbox"/> Agent/Representative (as listed above)
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<b>4</b>	Title and the Receiver to assign Invoice <input type="checkbox"/> My Company <input type="checkbox"/> Agent/Representative (as listed above)
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We have read and accepted the "Terms and Regulations for Participation" (see reverse page) and any other regulations made by TAITRA in connection with this show.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_