



# EXHIBITION PARTICIPATION AGREEMENT

CMEF Autumn 2009  
October 28-31  
Chengdu, China

**Deadline: August 28<sup>th</sup>, 2009 Fax back at: +86-10-82022922**

**Exhibitor's information: Please complete the form by typing or in caps, if writing.**

Company Name			
Name		Designation	
Tel	<u>(Country Code)</u> <u>(Area Code)</u> <u>(Telephone No.)</u> - - -		
Fax	<u>(Country Code)</u> <u>(Area Code)</u> <u>(Telephone No.)</u> - - -		
Address		Postal Code:	
Country		Email	
Company Website		Products to be exhibited (please refer to exhibitor profile in website as guide)	

Organized and Managed by  
Reed Sinopharm Exhibitions Co. Ltd.

Add:15th Floor, Tower B, Ping An International Finance Center 1-3, Xinyuan South Road Chaoyang District, Beijing, China 100027

For enquiries, please contact :

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[www.cmf.com.cn](http://www.cmf.com.cn)

### Exhibition Stand Request:

Description	Price	Specification	Area (m <sup>2</sup> )	Price (RMB)	Payment Terms
<input type="checkbox"/> Raw Space (18m <sup>2</sup> minimum)	RMB 2,464 /m <sup>2</sup>	( ) m × ( ) m			<ul style="list-style-type: none"> <li>● 100% due once participation agreement duly signed.</li> <li>● Wire transfer fee of RMB 195 will be included in invoice.</li> </ul>
<input type="checkbox"/> Standard Shell Scheme (9 m <sup>2</sup> minimum) Includes company name on fascia board in English & Chinese, carpet, 1 reception counter, 2 chairs, 2 spot lights, 1 electric socket (220V) and 1 waste basket	RMB 2,744/ m <sup>2</sup>	( ) X 9m <sup>2</sup> booth			
<b>TOTAL (RMB)</b>					

Reed Sinopharm Exhibitions Co., Ltd (hereinafter termed "the Organizer") reserves its rights to reassign other suitable space to the contracting exhibitor if the above full payment is not received by the due date stated in the invoice.

Please make payment to **REED SINOPHARM EXHIBITIONS CO., LTD** in RMB (for telegraphic transfer only) at **Beneficiary's bank:** Citic Bank H.O. General Banking, Beijing Zhichunlu Sub-branch, **Bank address:** No.14 Zhichun Rd, Haidian Dist, Beijing 100088 , **A/C No. :** 711171148260000345, **Swift Code:** CIBKCNBJ100.

**Please ensure invoice number is indicated on the bank advice and other relevant documents.**

#### TO BE COMPLETED BY THE EXHIBITING CUSTOMER:

We (as per Company name above) hereby apply to the Organizer for exhibiting space at the above exhibition. This application when accepted by the Organizer as indicated by signature and company stamp below, will constitute our Exhibition Participation Agreement with the Organizer for exhibition space, as indicated in the Exhibition Stand Request above.

We have read the Exhibition Rules and Regulations on the reverse of this page and agree that they are a part of this application. We hereby further agree to abide by them and any additional rules and regulations that may be deemed necessary by the Organizer from time to time.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signatory : \_\_\_\_\_ Company Stamp: \_\_\_\_\_  
(where applicable)

(Please note that this agreement should be signed by a Director of the Company if contracted by a Company, or by a Partner if contracted by a Partnership.)

#### FOR OFFICIAL USE ONLY

Authorized Signature and Company Stamp: \_\_\_\_\_ Date : \_\_\_\_\_  
(for and on behalf of Reed Sinopharm Exhibitions Co Ltd)