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APPLICATION FORM

ALFA Expo 12 – 14 September 2017

NAME OF COMPANY/EXHIBITOR: _____

RESPONSIBLE PERSON: _____

TEL: _____ EMAIL: _____

CELLPHONE NO: _____ WEB SITE: _____

E-MAIL ADDRESS 1: _____

E-MAIL ADDRESS 2: _____

VAT NR: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

PRODUCTS THAT WILL BE EXHIBITED: _____

NAME OF PRODUCT RANGE : _____

WHO IS THE MAIN SUPPLIER OF THE PRODUCT? _____

NAME OF AGENCIES : _____

DID YOU PREVIOUSLY EXHIBIT AT ALFA? _____

IF SO IN WHICH EXPO? _____

ALFA has the right to decide which products may be exhibited.

EXHIBITION SPACE REQUIRED: _____ m² INDOOR OUTDOOR

PREFERRED EXPO: _____

COMMENTS: _____

DATE: _____

SIGNED _____

The closing date for applications is 15 Aug 2017. Only limited exhibition space available.