



29 April – 02 May 2016, Lüderitz Waterfront Harbour Square

EXHIBITOR REGISTRATION FORM

(Please ensure that each exhibitor completes a separate application form)

EXHIBITOR DETAILS:

*Surname	
*First name	
*Title	
*Passport/ID number	
*Job Title / Position	
*Organisation	
Physical Address	
*Postal Address	
*Country	
*Tel	
Cell	
*Fax	
*Email	
Website	

Fields marked () are compulsory field*

PLEASE INDICATE SECTOR

- NGO
 Government
 SME
 Private Sector
 International Organisation
 Other

If other, please specify:

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INFORMATION

- | | |
|----------------------------------|---|
| 1. Venue | Lüderitz Waterfront Harbour Square |
| 2. Contact Person | Johanna or Martha
Lüderitz Town Council
Tel: 063 - 207 800
Email: martha@ltc.com.na or ilekaj@ltc.com.na |
| 3. Rates | SMEs: N\$500.00 CORPORATE: N\$5000 |
| Fees Include | <ul style="list-style-type: none"> ❖ 3 X 3 Square Meters exhibition booth ❖ Electrical power outlet ❖ Exhibition name panel (only applies to corporate exhibitors) |
| 4. Exhibitor Registration | Wednesday , 27 April 2016 from 14h00 |
| 5. Erection of Stands | From Wednesday , 27 April 2016 at 08h00 but not later than 28 April 2016 at 19h00 |
| 6. Exhibition Opening | 29 April 2016 |
| 7. Dismantling of Stands | 02 May 2016 at 19h00 |
| 8. Other Conditions | <ul style="list-style-type: none"> ❖ Cancellation fee of 75% if stall is cancelled within 7 days before the event. ❖ Cancellation fee of 25% if stall is cancelled within 14 days before the event. |



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- ❖ **NOTE:**
 - ❖ Exhibitors are responsible for own meals and tea breaks
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EXHIBITION FEE IS PAYABLE ON OR BEFORE FRIDAY, 15 APRIL 2016

Failure to settle the account on or before the above due date shall result in the automatic cancellation of the allocation without notice

PAYMENT METHOD FOR EXHIBITOR

PLEASE INDICATE THE METHOD OF PAYMENT

Bank Transfer

Bank deposit

LÜDERITZ CRAYFISH FESTIVAL

Bank: FIRST NATIONAL BANK
Branch: LUDERITZ
Branch Code: 280371
Type: CHEQUE
Account No.: 622 1918 5693
Reference: **Exhibition fees**

Fax proof of payment to: 063-202 971

Date: _____ Signature: _____

PLEASE RETURN YOUR COMPLETED FORM TO:

CLOSING DATE FOR REGISTRATION : 15 APRIL 2016

Lüderitz Town Council
Att: Crayfish Festival Committee
P.O. Box 19
Lüderitz, Namibia

Tel: 063 – 207 800
Fax: 063 – 202 971
Email: martha@ltc.com.na or ilekaj@ltc.com.na

