|  |  |
| --- | --- |
| **Joint company exhibition of****the Federal Republic of Germany** HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil  |  |
|  | **Organiser** | **In cooperation with** |
| Messe Düsseldorf GmbHMesseplatz40474 DusseldorfGermany |  |  |
| **Realisation and exhibition management** |
| **Messe Düsseldorf GmbH**http://www.messe-duesseldorf.de |
| Phone: +49 211 4560-01**Project manager:** **Stephan Küppers**KueppersS@messe-duesseldorf.dePhone: +49 211 4560-7715Fax: +49 211 4560-7740 |  |
| Registration | Closing date for registrations: 9. February 2015 |
| We hereby register as participants at the above-mentioned participation. |

#  1. Participant

|  |  |  |  |
| --- | --- | --- | --- |
|  | Company name: |  |  |
|  | Street: |       | Contact partner: |       |  |
|  | Postcode & town: |       | Phone: |       |  |
|  | Federal state: |       | Fax: |       |  |
|  | VAT ID: |       | E-Mail: |       |  |

# 2. Required exhibition space

 All amounts indicated below are subject, where applicable, to statutory German and to statutory foreign taxation

**2.1. Square meter**

**2.1.1.** Participation up to and including the 4th time:

|  |
| --- |
| •  **m²** hall space **incl. stand construction 230,00 €/m²** (up to 100 m², minimum area 9 m²) |

**2.1.2.** Participation for the 5th time or more:

|  |
| --- |
| •  **m²** hall space **incl. stand construction** **290,00 €/m²** (up to 100 m², minimum area 9 m²) |

**2.1.3.** Participation of exhibitors with space more than 100 sq.m. in the hall as well as exhibitors, which cannot sign the attached declaration regarding double-funding respectively participation of the public sector (public authorities or public companies):

|  |
| --- |
| •  **m²** hall space **incl. stand construction 640,00 €/m²** (minimum area 9 m²) |

**3. Mandatory Fees** (do not depend on number of participations)

|  |
| --- |
| • not applicable |

**4. Connections** (do not depend on number of participations)

|  |
| --- |
|  • not applicable |

**5. Exhibition goods** (At information stand: product range) **Dimensions Weight**

|  |  |  |
| --- | --- | --- |
| • |  |  |
| • |  |  |
| • |  |  |

 We have noted and acknowledged the General and Special Conditions of Participation. We undertake only to exhibit products which are produced in the Federal Republic of Germany and/or under German licence. We have completed and enclosed the registration appendices. We agree to the computer-aided recording, storage, and forwarding of company details to third parties.

Payment of 20 % of the participation fees, based on the area size requested, as well as of mandatory fees, shall be due upon submission of registration in writing. Payment of this amount is due upon receipt of a corresponding invoice for payment in advance. The amount stated in the invoice for payment in advance must be paid into the account given in the invoice, naming the event in question. On admission, payment shall be due of the outstanding amount, immediately upon receipt of the final invoice. The amount stated in the invoice for final payment must be paid into the account given in the invoice, naming the event in question.

|  |  |
| --- | --- |
|   |  |
|  **Place, date** | **Company stamp & legally binding signature** |

Enclosures:

• Appendix to registration form: Declaration regarding double-funding respectively participation of the public sector (public authorities or public companies)

• Appendix to registration form: Confirmation of number of participations at this exhibition

• Appendix to registration form: Alternative address for invoices

• Confirmation of assumption of costs

• Application of a sub-exhibitor by the main-exhibitor

• Acceptance of condition of participation by the sub-exhibitor

**Joint company exhibition of the Federal Republic of Germany**

HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil

**Appendix to registration form**

(Mandatory: please return with the registration form)

**Exhibitor**

|  |  |  |
| --- | --- | --- |
|  | Company: |  |
|  | Street: |  | Managing Director: |       |
|  | ZipCode, Town: |  | Commercial Reg.-No.: |       |
|  | Federal state: |  | District court: |       |
|  |  |  | Contact partner: |       |

**Declaration regarding double-funding respectively participation of the public sector
(public authorities or public companies)**

With our registration for the official joint company exhibition at the

**HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices
19. May - 22. May 2015, Sao Paulo, Brazil**

I hereby declare/we hereby declare, that I/we do not receive any institutional fundings granted/covered by public resources.

I hereby declare/we hereby declare, that I/we do not receive any further public support out of project fundings for the participation at this trade fair/exhibition.

I hereby declare/we hereby declare, that my/our company is not a federal, state or municipal authority, is neither a state development institution nor any other legal entity under public law.

I hereby declare/we hereby declare that my/our company is not directly or indirectly majority-owned by a religious community/communities or by a legal entity/entities under public law.

|  |  |
| --- | --- |
|   |  |
|  **Place, Date** | **Company stamp & legally binding signature** |

**Joint company exhibition of the Federal Republic of Germany**

HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil

**Appendix to registration form**

(Mandatory: please return with the registration form)

**Exhibitor**

|  |  |  |
| --- | --- | --- |
|  | Company: |  |
|  | Street: |  | Managing Director: |       |
|  | ZipCode, Town: |  | Commercial Reg.-No.: |       |
|  | Federal state: |  | District court: |       |
|  |  |  | Contact partner: |       |

 **Confirmation**

 With our registration for the official joint company exhibition at the

**HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices
19. May - 22. May 2015, Sao Paulo, Brazil**

 we hereby confirm that, including our enclosed registration,

 **[ ]**  we have not taken part in the official participation of the Federal Ministry for Economic Affairs and Energy more than four times. \*

 **[ ]**  we are taking part for the fifth time or more in the official participation of the Federal Ministry for Economic Affairs and Energy. \*

 (\* please check the appropriate box.)

 We are aware that false information can result in exclusion from further official participations.

|  |  |
| --- | --- |
|   |  |
|  **Place, Date** | **Company stamp & legally binding signature** |

**Joint company exhibition of the Federal Republic of Germany**

HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil

**Alternative address for invoices**

 **Exhibitor**

|  |  |  |
| --- | --- | --- |
|  | Company: |  |
|  | Street: |  |
|  | ZipCode, Town: |  |
|  | Federal state: |  |

 **Exhibition**

**HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices
19. May - 22. May 2015, Sao Paulo, Brazil**

 **Alternative address for invoices**

|  |  |  |
| --- | --- | --- |
|  | Company: |  |
|  | Address: |       |
|  | ZipCode: |       |  |  |
|  | Postbox: |       | Name: |       |
|  | Postbox ZipCode: |       | Phone: |       |
|  | Town: |       | Fax: |       |
|  | Country: |       | E-Mail: |       |

|  |  |
| --- | --- |
|   |  |
|  **Place, Date** | **Company stamp & legally binding signature** |

|  |  |
| --- | --- |
| **Joint company exhibition of the Federal Republic of Germany****Firmengemeinschaftsausstellung der Bundesrepublik Deutschland**HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil  |  |
|  | **Organiser** | **In cooperation with** |
| Messe Düsseldorf GmbHMesseplatz40474 DusseldorfGermany |  |  |
|  | **Realisation and exhibition management** |
| **Messe Düsseldorf GmbH**http://www.messe-duesseldorf.de |
| Phone: +49 211 4560-01**Project manager:** **Stephan Küppers**KueppersS@messe-duesseldorf.dePhone: +49 211 4560-7715Fax: +49 211 4560-7740 |  |
| **Confirmation of assumption of costs regarding the above mentioned Joint company exhibition****Kostenübernahmeerklärung zur oben genannten Firmengemeinschaftsausstellung** |

**1. Exhibitor / Aussteller**

|  |  |  |
| --- | --- | --- |
|  | Company/Firma: |  |
|  | Street/Straße: |  |
|  | ZipCode, Town/PLZ, Ort: |  | **ID No./Ident-Nr.:** |       |
|  | Federal State/Bundesland: |  | **Order No./Auftrags-Nr.:** |       |

|  |  |
| --- | --- |
| We request you to enforce your claims resulting from our applications for the above event and from our participation in the said event against the debitor stated under 2, who is jointly and severally liable. We are aware that we will be released from our obligation to pay only upon complete settlement of your claims. | Wir bitten, Ihre Forderungen, die aus unserer Anmeldung zur obigen Veranstaltung und unserer Teilnahme an dieser entstehen, gegenüber dem unter Ziff. 2 aufgeführten, gesamtschuldnerisch haftenden Rechnungsempfänger geltend zu machen. Uns ist bekannt, dass wir erst nach vollständigem Ausgleich der Ihnen entstehenden Forderungen von unserer Verpflichtung zur Zahlung frei werden. |

|  |  |
| --- | --- |
|  |  |
|  **Ort, Datum Place, Date** | **Firmenstempel & rechtsverbindliche UnterschriftCompany stamp & legally binding signature** |

**2. Debitor / Rechnungsempfänger**

|  |  |  |
| --- | --- | --- |
|  | Company/Firma: |  |
|  | Address/Straße: |  |
|  | ZipCode/PLZ/: |  |  |  |
|  | Postbox/Postfach: |  | Person in charge/zuständig: |  |
|  | Postbox ZipCode/PPZ: |  | Phone/Telefon: |  |
|  | Town/Ort: |  | Fax/Fax: |  |
|  | Country/Land: |  | E-Mail/E-Mail: |  |

|  |  |
| --- | --- |
| I/We hereby declare that I/we by way of collateral promise assume joint and several liability for all claims which arise in favour of the creditor resulting from the participation or a possible cancellation of participation of the company stated under 1 in the above event. | Ich/wir erkläre(n) hiermit, dass ich/wir im Wege des Schuldbeitritts die gesamtschuldnerische Haftung für alle Forderungen übernehme(n), die dem Gläubiger aus der Teilnahme oder einer eventuellen Absage der Teilnahme des unter Ziff. 1 genannten Ausstellers an der obigen Veranstaltung entstehen. |

|  |  |
| --- | --- |
|  |  |
|  **Ort, Datum Place, Date** | **Firmenstempel & rechtsverbindliche UnterschriftCompany stamp & legally binding signature** |

|  |  |
| --- | --- |
| **Joint company exhibition of the Federal Republic of Germany****Firmengemeinschaftsausstellung der Bundesrepublik Deutschland**HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil  |  |
|  | **Organiser/** | **In cooperation with** |
| Messe Düsseldorf GmbHMesseplatz40474 DusseldorfGermany |  |  |
|  | **Realisation and exhibition management** |
|  | **Messe Düsseldorf GmbH**http://www.messe-duesseldorf.de |
|  | Phone: +49 211 4560-01**Project manager:** **Stephan Küppers**KueppersS@messe-duesseldorf.dePhone: +49 211 4560-7715Fax: +49 211 4560-7740 |  |
| **Anmeldung eines Unterausstellers durch den H A U P T A U S S T E L L E R Application of a sub-exhibitor by the M A I N – E X H I B I T O R** |
|  | **1. Hauptaussteller / Main exhibitor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Firma/Company: |  | zuständig/Person in charge: |  |
|  | Straße/Address: |  | Telefon/Phone: |  |
|  | PLZ Ort/ZipCode Town: |  | Fax: |  |
|  | Bundesland/Country: |  | E-Mail: |  |

 |  |
| Nachstehend genannte Firma melde/n ich/wir als Unteraussteller meines / unseres Standes an. Sämtliche Gebühren für Unteraus-steller werden dem Hauptaussteller in Rechnung gestellt. Der Hauptaussteller hat dafür Sorge zu tragen, dass der Unteraussteller schriftlich die Teilnahmebedingungen anerkennt. | I/We sign up the firm named below as sub-exhibitor of our stand. All fees for sub-exhibitors will be charged to the main exhibitor. It is the main-exhibitor’s responsibility to ensure that a sub-exhibitor accepts the conditions of participation in writing. |
| **2. Unteraussteller / Sub-exhibitor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Firma/Company: |       | zuständig/Person in charge: |       |
|  | Straße/Address: |       | Telefon/Phone: |       |
|  | PLZ Ort/ZipCode Town: |       | Fax: |       |

 |
| Bundesland/Country: |       |

|  |  |
| --- | --- |
| E-Mail: |       |

 |
| Internet |       |  |

**3. Gebühren für Unteraussteller / Fees for sub-exhibitors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3.1.** |  | **Aufnahme eines Unterausstellers in** **das Aussteller-verzeichnis** **zum deutschen Gemeinschaftsstand**DieGebühr für die Listung eines Unterausstellers beträgt **EUR 98,00 / Unteraussteller**Aufnahme wird gewünscht [ ]  ja [ ]  neinDas Formular zur Datenerfassung wird ausgefüllt vom **[ ]** Hauptaussteller [ ]  UnterausstellerNach Erhalt der unterzeichneten Mitausstelleranmeldung wird dem Aussteller das Formular zur Datenerfassung wie oben angegeben zugesandt. |  | **Admission of a sub-exhibitor to the brochure to the German joint stand** For registration of the sub-exhibitor a registration fee of **EUR 98**.**00 / sub-exhibitor**  will be due. Admission is requested [ ]  yes [ ]  noThe data collection form will be filled in by **[ ]** the main-exhibitor [ ]  the sub-exihibitorAs soon as we have received the application for co-exhibitors we will send you the data collection form as stated above. |  |
| **3.2.** | **Zusätzliche obligatorische Gebühren des Veranstalters der Messe für Unteraussteller**  | **Additional mandatory fee/s for a sub-exhibitor charged by the organizer of the trade fair** . |

|  |  |
| --- | --- |
|  |  |
|  **Ort, Datum Place, Date** | **Firmenstempel / rechtsverbindliche UnterschriftCompany stamp / legally binding signature** |

|  |  |
| --- | --- |
| **Joint company exhibition of the Federal Republic of Germany****Firmengemeinschaftsausstellung der Bundesrepublik Deutschland**HOSPITALAR - International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices19. May - 22. May 2015, Sao Paulo, Brazil  |  |
|  | **Organiser/** | **In cooperation with** |
| Messe Düsseldorf GmbHMesseplatz40474 DusseldorfGermany |  |  |
|  | **Realisation and exhibition management** |
| **Messe Düsseldorf GmbH**http://www.messe-duesseldorf.de |
| Phone: +49 211 4560-01**Project manager:** **Stephan Küppers**KueppersS@messe-duesseldorf.dePhone: +49 211 4560-7715Fax: +49 211 4560-7740 |  |

**Bitte dieses Formular an den Unteraussteller weiterleiten**! **Please forward this form to your sub-exhibitor!**

|  |
| --- |
| **Anerkennung der Teilnahmebedingungen durch den U N T E R A U S S T E L L E RAcceptance of condition of participation by the S U B – E X H I B I T O R** |
| **1. Unteraussteller / Sub-exhibitor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Firma/Company: |  | zuständig/Person in charge: |  |
|  | Straße/Address: |  | Telefon/Phone: |  |
|  | PLZ Ort/ZipCode Town: |  | Fax: |  |
|  | Bundesland/Country: |  | E-Mail: |  |
|  | Internet |  |  |  |

 |
| **des Hauptausstellers / of the main exhibitor as follows**:

|  |  |  |  |
| --- | --- | --- | --- |
| Firma/Company: |  | zuständig/Person in charge: |  |
| Straße/Address: |  | Telefon/Phone: |  |
| PLZ Ort/ZipCode Town: |  | E-Mail: |  |

 |  |  |

**2. Gebühren für Unteraussteller / Fees for sub-exhibitor**

|  |  |  |
| --- | --- | --- |
|  | Sämtliche Gebühren für Unteraussteller werden dem Hauptaussteller in Rechnung gestellt | All fees for sub-exhibitors will be charged to the main exhibitor. |

**3. Ausstellungsgüter (Unteraussteller) / Exhibits (sub-exhibitor)** Abmessungen/Dimension Gewicht/Weight

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |       |       |        |
|  |       |       |        |
|  |       |       |        |

 |

**4. Anerkennung der Teilnahmebedingungen / Confirmation of the Terms of Conditions**

|  |  |
| --- | --- |
| Ich/Wir bestätigen hiermit rechtsverbindlich, dass wir die Allgemeinen und Besonderen Teilnahmebedingungen für Beteiligungen des Bundes an Messen und Ausstellungen im Ausland anerkennen. | I/We accept the General and Special Terms and Conditions of Participation of the Federal Republic of Germany at trade fairs and exhibitions abroad. |

|  |  |
| --- | --- |
|  |  |
|  **Ort, Datum Place, Date** | **Firmenstempel und Unterschrift des UnterausstellersCompany stamp and signature of the sub-exhibitor** |