

# STAND BOOKING REQUEST (international version)



DATE  
DD / MM / YY

CONTRACT NUMBER  
organizer  
use only

Fill out the following form with the required information, and send it by email to Brigitte Cox at bcox@mdna.com. A space contract and invoice will be provided once this form has been accepted by CORFERIAS.

For the purpose of taking part in MEDITECH 2018, which will take place in Bogota, D.C. from July 3rd to 6th, and acting in the name of and representing the company, we hereby reserve our space, agreeing to the provisions contained in the Participation Regulations for this event and others set forth by the Executive Chair of CORFERIAS.

## I. EXHIBITOR GENERAL INFORMATION

ID Number	Company name			Company name acronym/abbreviation (if applicable)	
Address		City	State, Postal Code	Country	Telephone
CIIU Code	Corporate e-mail		Website		

### Company Legal Representative information (person authorized to sign this application)

Identification	Name	Position	Telephone	Cell phone	E-mail

### Person(s) within company responsible for participation

Identification	Name	Position	Telephone	Cell phone	E-mail

Company name header required on front of the stand? <input type="checkbox"/> YES <input type="checkbox"/> NO	Commercial Name of the Company for publication in the <i>Catalog of Exhibitors</i>
If you selected <b>YES</b> , write the name of the business that should appear on the header of the stand:	

### For this event we have booked the following exhibition areas

Pavilion	Level	Stand	Unit rate	amount sqm (M <sup>2</sup> )	Sub Total	VAT	Total Rate
					\$ -	\$ -	\$ -

Notes:

## II. CLASSIFICATION OF THE EXHIBITING COMPANY

Please identify the **Economic Activity** of your company

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> AG Agricultural          | <input type="checkbox"/> CY Wholesale Marketer | <input type="checkbox"/> FB Manufacturer | <input type="checkbox"/> SS Social Services |
| <input type="checkbox"/> AP Public Administration | <input type="checkbox"/> CN Retail Marketer    | <input type="checkbox"/> IM Importer     | <input type="checkbox"/> RE Representative  |
| <input type="checkbox"/> CA Consultant            | <input type="checkbox"/> DT Distributor        | <input type="checkbox"/> PC Livestock    | <input type="checkbox"/> Other (Specify)    |
| <input type="checkbox"/> CT Construction          | <input type="checkbox"/> EX Exporter           | <input type="checkbox"/> SR Services     |   |

Origin of the Company:

- |   |   |
|---|---|
| <input type="checkbox"/> National with Colombian Tax ID Number                        | <input type="checkbox"/> National Representation w/ Colombian Tax ID (Number) |
| <input type="checkbox"/> Multinational with Colombian Tax ID (Number)                 | <input type="checkbox"/> International with Foreign Tax ID (number)           |
| <input type="checkbox"/> Joint Participation w/Companies with Foreign Tax ID (Number) |   |

Size of the company <input type="checkbox"/> Microbusiness (fewer than 10 employees) <input type="checkbox"/> Small (11 to 50 employees) <input type="checkbox"/> Medium (51 to 200 employees) <input type="checkbox"/> Large (more than 200 employees) <input type="checkbox"/> Multinational	Type of company <input type="checkbox"/> PR Private <input type="checkbox"/> EO Official Entity - Government <input type="checkbox"/> GA Guild - Association <input type="checkbox"/> OI International Body <input type="checkbox"/> EM Embassy <input type="checkbox"/> CC Chamber of Commerce If your company belongs to a Guild - Association, please indicate which one.
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### III. PRODUCTS AND SERVICES

Please indicate your products and/or services in the following classification

#### 1. HOSPITAL ARCHITECTURE

1	Air Conditioners	4	Curtains	7	Hardware	10	Hospital Furniture
2	Industrial Kitchens	5	Glassware	8	General Lighting	11	Flooring
3	Sanitary Ware	6	Doors and Closets	9	Bedding	12	

#### 2. SUPPLIES AND PROVISIONS FOR CLINICS AND HOSPITALS

13	Orthopaedics - Physiotherapy	16	Footwear	19	Glassware	22	Industrial equipment (uniforms, kits, gloves, goggles, etc.)
14	Hospital Waste Management	17	Medical and Surgical Material and Instruments	20	Pharmaceutical Products for Human Use	23	Medical gases
15	Bedding	18	Kitchen Utensils	21	Tableware and ceramics	24	Glass and Products in Glass

#### 3. EQUIPMENT FOR MEDICAL SPECIALITIES

25	Diagnostic Equipment	27	Physiotherapy Equipment	29	Orthopedic Equipment	31	
26	Medical and Surgical Equipment	28	Clinical Laboratory Equipment	30	Rehabilitation Equipment	32	

#### 4. SERVICES FOR THE SECTOR

33	Hospital Management Consulting and Processes	36	Ambulances	39	Catering	42	Management and Process Consulting
34	Health Promotion Agencies (EPS's)	37	Institutions Providing Health Services (IPS)	40	General Insurance	43	Disinfection and disposal supplies
35	Laundry Equipment	38	Life Insurance	41	Ambulances Services	44	

#### 5. COMMUNICATION AND COMPUTERS

45	Health Software	16	Telemedicine	47		48	
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#### 6. ALTERNATE SERVICES

49	Education	50	Organizations and Associations	51	Quality advisory services and certifications for clinics and hospitals	52	Government agencies and industry support guild and other scientific societies
53	Health tourism	54		55		56	

#### 41. OTHER PRODUCTS AND/OR SERVICES (SPECIFY)

\* Please use this field in case you do not find your product in the items described previously \*

Please provide details of the **Products and/or Services** that you will exhibit at the Fair

Please specify the product **Brands** that you will exhibit at the Fair

Please specify **the Countries of Origin** of the products that you will exhibit at the Fair

### IV. METHOD OF PAYMENT

30% of the total amount when signing the contract	40% of the total amount before February 28th, 2018	The remaining 30%, one month before the date of the show.
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<b>National payments</b>  Beneficiario: CORPORACION DE FERIAS EXPOSICIONES S.A. Número de cuenta: 4818 - 0000 - 0756 Cuenta de Ahorros: BANCO DAVIVIENDA Código de la Feria: 30-39 MEDITECH	<b>International payments</b>  Beneficiary: Corporación de Ferias y Exposiciones SA Beneficiary's account number: 80100004590 Beneficiary Bank: Bancolombia Panamá S.A SWIFT Code: COLOPAPA Address: Calle 47 y Aquilino de la Guardia. Plaza Marbella- Edificio Bancolombia Apartado 0816-03320 Panamá- República de Panamá Tel: (507) 2 63 69 55- 2 08 97 00 Intermediary Bank: Citibank N.A, New York , USA Aba / Swift: 021000089 / CITIUS33 Bancolombia Panama's account number in Citibank N.Y: 36009162
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**Terms and Conditions**

1. The exhibitor guarantees and agrees that the products registered in the present Stand Booking, are the only products that will be exhibited in the hired area and are related to the theme of the fair or event.
2. The exhibitor declares that the information provided is truthful, complete, accurate, update-to-date and authorizes that this information is provided to the operators and those who use it, with commercial intentions:  YES  NO
3. The exhibitor states and warrants that the activities developed through his company have all permits and licenses required for execution.
4. The exhibitor agrees that in case of withdrawal or cancellation of this reservation, the amount delivered as an advance payment, without exceeding the 30% from the total value of the contract, shall be property of Corferias, without prejudice legal actions that may be held.
5. This document provides executive merit for the parties involved.

Type of Exhibitor <input type="checkbox"/> New <input type="checkbox"/> Former <input type="checkbox"/> Past, renewing	Exhibiting Company Legal Representative Signature (same as Section I above)
Years of Participation: _____	Print name: _____

**FOR USE EXCLUSIVELY BY THE CORPORATION**

Corferias Sales Coordinator Signature	Report Date MM/ DD / YY	Notes:
Full name: _____	Time: _____	