

## 1. 提交申請 Application

提交日期

Date of Submission

申請參加大灣區醫療旅遊展

Applying to exhibit at GBA Medical Tourism Expo

公司名稱 Name of Exhibiting Organization:

地址 Address:

聯絡人 Contact Person:

電郵 E-mail:

電話 Tel:

職位 Title:

部門 Division:

## 2. 類別和商品/服務 Category & Product / Service

類別 Category:

商品/服務 Product / Service:

## 3. 展位 Booth

淨地 Raw Space	____ 展位BOOTH	X	<input type="radio"/> 港幣HKD34,920 ( /9m2 ) (per 9 sqm) <input type="radio"/> 美元 USD \$4,480( /9m2 ) (per 9 sqm)	=
標準展位 Standard Booth	____ 展位BOOTH	X	<input type="radio"/> 港幣HKD38,800 ( /9m2 ) (per 9 sqm) <input type="radio"/> 美元 USD \$4,980( /9m2 ) (per 9 sqm)	=
總費用 Total Fee:				

### Terms of Payment

- The 50% deposit should be paid with Application Form

The balance of the invoice must be paid by 30 Sep 2022.

Applications received after 1 Oct,2022 must be accompanied by 100% payment.

- Payments are accepted in both US Dollars & HK Dollars and to :

Payable to <TRADEXPO INTERNATIONAL>

Bank Details Bank of China (Hong Kong) Limited

Account No: 012-791-1-025881-2 (HKD)

Account No: 012-791-9-222234-7 (RMB/USD)

SWIFT BIC: BKCHHKHHXXX

Bank Code: 012

## 4. 條款及細則 Terms & Conditions

通過簽署並提交表格,我們特此申請在上述展覽會上的展覽,並充分理解及同遂參展商內容。

By signing and submitting this form, we hereby apply to exhibit at the exhibition indicated above, fully understanding and consenting to the content of the Exhibitor.

請將申請表寄回主辦單位。

Please send back the application form to the organizer.

公司印章 / Company Chop: \_\_\_\_\_

簽署/Signature: \_\_\_\_\_

主辦機構 Organizer

Address: Rm. 720, 7/F, Blk A, New Mandarin Plaza, 14 Science Museum Rd, TSTE, Kln, H

Tel : (852) 3613 6029

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