

International Trade Fair for Materials Handling, Intralogistics and Logistics

29.05 - 01.06 2018 Fieramilano - Rho, Milan - Italy

Organized by:

Hannover Fairs International GmbH Via Paleocapa 1, 20121 Milan Phone +39 02 70633292 Fax +39 02 70633412 info@intralogistica-italia.com - www.intralogistica-italia.com









APPLICATION FORM TO BE RETURNED BY MARCH 31st, 2017 TO: info@intralogistica-italia.com

The undersigned Company requests exhibition space at INTRALOGISTICA ITALIA 2018 in accordance with the Rules and Regulations which the Company accepts in full by signing the Application Form.

| EXHIBITOR DATA (Compulsory) | | To be filled in by Fiera Milano and by the Organizer | | | | | |
|--|------------|--|--------------------|------------------------|--|--|--|
| Company name | | | | Exhibitor Enrolment n. | | | |
| | | | | ID Prot. | | | |
| Address Address | | | | | | | |
| Zip Code Town Town | | | | Country Country | | | |
| Phone | | | Fax | | | | |
| E-mail | | | | | | | |
| Website | | | | | | | |
| VAT Number | | | Tax Code | | | | |
| | | | | | | | |
| SHIPPING ADDRESS (If different from Exhib | itor Data) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| INIVOICINIC DATA (14 H) | | | | | | | |
| INVOICING DATA (If different from Exhibitor I It is necessary to enclose a declaration of acceptance | | the costur | mer to be invoiced | | | | |
| | | | | | | | |
| | | | | | | | |
| Phone / / / | | | Fax | | | | |
| VAT Number | | | Tax Code | | | | |
| | | | | | | | |
| CONTACT PERSON FOR THE EXHIBITION | | | | | | | |
| Name and Surname | | | | | | | |
| Direct phone | | | Mobile | | | | |
| Contact Person E-mail | | | | | | | |
| Note: all communications concerning the Exhibition sent by the Organizing Secretariat and by Fiera Milano Spa, will be sent to the e-mail address specified above. | | | | | | | |
| | | | | | | | |
| STAND SAFETY MANAGER | | | | | | | |
| Name and Surname | | | | | | | |
| Direct phone | | | Mobile | | | | |
| Contact Person E-mail | | | | | | | |
| | | | | | | | |
| OWNER/MANAGING DIRECTOR | | | | | | | |
| Name and Surname | | | | | | | |
| E-mail | | | | | | | |
| | | | | | | | |
| COMPANY ACTIVITY | | | | | | | |
| *Manufacturer *Main Product Sectors (Please enter no more than 2 corresponding numbers) | | | | | | | |
| Representative/Agent | | | | | | | |
| Services/Association/Body/Trade Press | | | | | | | |
| *See relevant lists in art. 37 of the Rules and Regulations | | | | | | | |

RAW AREA RATE BRACKETS

The minimum surface is 20 sqm. The raw area rates do not include fittings (i.e. walls, carpet...)

To determine the calculation of raw area rate brackets, please refer to the example of the Rules and Regulations - see Art. 8.

FOR APPLICATIONS WITHIN MARCH 31st, 2017

€ 241,00/sqm + VAT* € 229,00/sqm + VAT* € 224,00/sqm + VAT* € 217,00/sqm + VAT*

FOR APPLICATIONS AFTER MARCH 31st, 2017

Up to 50 sqm From 51 to 100 sqm From 101 to 200 sqm Over 200 sqm € 253,00/sqm + VAT* € 240,00/sqm + VAT* € 233,00/sqm + VAT* € 228,00/sqm + VAT* *VAT (if due and in the current legal rate)

For the calculation of the whole participation fee, the cost of euro 7.45/sqm + VAT (if due) for "Various compulsory services" (see Art. 8A) must be added to the above mentioned rates

| For the calculation of the whole participation lee, the | ie cost of euro 7,45/sqiii + VAT (ii due | e) for various compulsory services (see Art. 6A) in | iust be added to the above mentioned rates. |
|---|---|---|---|
| OPEN SIDES SURCHARGES | | | |
| Stand with 2 open sides | € 1.400,00 + VAT* | | |
| Stand with 3 open sides | € 2.000,00 + VAT* | AVAT (f. d. a. a. d. a. lla a. a. a. a. d. la a. l. a. l | |
| Stand with 4 open sides | € 2.600,00 + VAT* | *VAT (if due and in the current legal rate) | |
| RAW AREA REQUESTED The minimum surface is 20 sqm. | | | |
| Requested area: sqm | | Requested open sides: | \square_1 \square_2 \square_3 \square_4 |
| You may indicate your preference for front widt | h and depth of stand: | Front m | Depth m |
| Double-deck area (if requested): sqm | (See Art. 8B of the Rules ar | nd Regulations) | |
| REPRESENTED COMPANIES | | | |
| Represented companies n. (Please, enclose "List of firms represented and | /or foreign Parent Company" form. \$ | See Artt. 6 and 8 of the Rules and Regulation) | |
| SHELL SCHEME PACKAGES (| (up to 60 sqm) - BY FIE | RA MILANO | |
| Optional service, provided by Fiera Milano upo | | | |
| We are interested in a shell scheme packag (See Art. 8B of Rules and Regulations) | e YES NO | | |
| For orders and/or for more information, p | lease see the related leaflet att | ached to the documentation for participation | 1. |
| DOWN PAYMENT | | | |
| and the contribution of € 95.00 related to the | r service related to the online Catalogu e Insurance Services – see Art. 17.2 | | |
| · down payment on the requested are | · | required | €,, |
| | Tota | | € |
| | VAT | 22% or any other legal rate (if due) | € |
| | Tota | al due | € |
| BALANCE - The balance of the ex | chibition space must be mad | de by February 28 th, 2018 | |
| Terms of payment: | | | |
| by bank transfer payable to the order Fiera Milano Spa - CASSA DI RISPA CRPPIT2P227 - Please note: The de | ARMIO DI PARMA E PIACENZA | A - Sede di Milano - IBAN IT 98 E 06230 01 INTRALOGISTICA ITALIA 2018 | 627 000045519084 - BIC/SWIFT: |
| 7th September 2005 and is in compliance wit The validity of this Application Form for the p | th the information as specified in the urposes of the enrolments is condi s indicated here at foot and its beir | note which is in compliance with Art. 185 of the he ISVAP Circular Number 303 dated 2nd June itional upon its containing no reservations nor q ng accompanied by the registration fee and by t | 1997. ualifications of any kind and upon its |
| Date | Stamp of Comp | any and Signature of Legal Representative | |
| | | dersigned accepts and expressly approves the 4, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, | |
| Date | Stamp of Comr | pany and Signature of Legal Representative | |