

Pre-Registration Form

November 2017

Company Data					
Full Company Name:					
Managing Director:					
Contact Person:		Title:			
Mobile Number:		Email:			
Company Address:					
Postal Code:	City:		Country:		
Country Code:	Telephone:		Fax:		
Company Email:					
Company Website:					
Different Billing Address To be filled out only in case billing address is different from the address above.					
All invoices should be sent to					
Full Company Name:					
Telephone:					
Email:					
Company Address:					
Postal Code:	City:		Country:		
Activity and Products:					
Our Company is a :					
□Manufacturer □Distributor □ ¹	Wholesaler 🛛 🖾 Retaile	er □Import	ter 🛛 Others		
Please select your product section:					
Raw Meat (Halal) Processed Meat Products (Halal) Organic meat products (Halal) Spices and additives Natural and artificial casing Slaughtering technology Machinery and equipment for meat processing Machines for processing natural and artificial casing Packing machinery and materials Refrigeration Storage Transport Butcher's Shop equipment Other:					

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Required Space

1. Space Only	sqm	Minimum of 24 sqm	
2. Equipped Stand	sqm	Minimum of 12 sqm	
3. Country Pavilion	sqm		
4. International Joint Stand	sqm		
□ Tick here, if you want an individual Stand construction.			

Trade fair appearance

□ Our company is presenting alone.

□ Our company is presenting itself alone and is bringing more businesses as joint stand participants. □Pure organizer – Our company is not exhibiting itself but is bringing other companies to the fair

Sponsoring

 $\hfill\square$ We would like to receive information about \hfill sponsoring.

Place and Date:

Signature of Authorized Person and Company Stamp

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