. Business Information (please type or print):		□ Repe	□ Repeat Exhibitor □ New Exhibito	
me of Company/Organisation	1:	-		
mpany/ Business Location: _				
ne (Contact person):				
			Mobile	
ebsite:				
rrent Market:				
tential Market:				
e you a client of the SEDU	/ Commerce and moustr	y/TEPA?		

4. Who is your target market?	
5. Please indicate whether you would requireInternet	the following:
Electricity	
6. <u>Terms and Conditions</u>	
Each Exhibitor MUST pay a non-refundable application	ation fee of XCD\$150.00 upon submission of this form.

Each Exhibitor shall be provided with one (1) table and one (1) chair. Exhibitors are encouraged to bring their own display props.

Exhibitors and or their agents should at all times wear the company or business' uniform/attire during their participation at the Trade Show.

Any Exhibitor who has completed and submitted this registration form has committed to participating in the Trade Show. In the event of a withdrawal within two (2) weeks prior to the Event, the Exhibitor shall pay **ALL** financial commitments that were made on its behalf.

The Department absolves itself from any liability associated with lost, stolen or damaged stock during the period of the Trade Show. All Exhibitors shall be responsible for the security of their stock and personal items.

Participants agree to cooperate with Department's personnel and shall display professional conduct and courtesy during the period of the Trade Show. The same courtesies shall be extended by Department's personnel.

At the end of the Trade Show, the Participant shall submit a written report to the Department, highlighting successes, challenges and recommendations for future events.

I hereby give unrestricted permission to Department of Commerce, International Trade, Investment,
Enterprise Development and Consumer Affairs to make copyright use and publish photographs, of my
work; for promotional efforts and materials used during the preparation, execution and aftermath of Saint
Lucia- Taiwan Partnership Trade Show that will take place from November 25-27, 2016 at the Johnsons
Centre, Rodney Bay without the expectation of reimbursement.

I hereby certify that the above information contained on this form is correct.

NAME: (Please type/print)

Signature:

Date:

Receipt number: _____

Please return completed form to: Ms. Cindy Eugene, Marketing Specialist, Department of Commerce, International Trade, Investment, Enterprises Development & Consumer Affairs, 4th Floor, Heraldine Rock Bldg., Waterfront, Castries, Saint Lucia. Tel: 468-4216/2854677; Fax: 453-7347; E-mail: <u>cindy.eugene@govt.lc</u>