



**EXHIBITOR APPLICATION FORM**

**This application Form constitutes your contract for the exhibition space(s) at the Caribbean Regional Conference Water Loss 2023. The Organisers reserve the right to make changes to the exhibition area and floor plan without prior notice.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name**: | | | |
| **Contact Name** | | **Title/Position:** | |
| **MAILING ADDRESS** | | | |
| Street: | | | |
| City: | State: | | Zip: |
| Country: | Tel No.: | | Email: |

**Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Exhibition Space:**

**Please indicate Booth Numbers. Note that if none of the preferred booth choices are available, you will be contacted prior to booth assignment.**

|  |  |
| --- | --- |
| FIRST CHOICE: | SECOND CHOICE: |
| THIRD CHOICE: | FOURTH CHOICE: |

**Describe the type of Goods to be imported:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Imported Items will be:**

Consumed in the Republic of Trinidad and Tobago

Returned to the Country of Import

**PAYMENT**

**Exhibition Fee is USD$1200/TTD$8000**:

**Payment can be made at the time of application. Exhibit space will be allocated until payment is made.**

**Form of Payment:**

Cheque No.­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Money Order Wire Transfer Credit Card

If Credit Card, Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information, please contact Mr. John Victor, Manager Corporate Communications, 628-9500 ext. 5300 or [jvictor@mpu.gov.tt](mailto:jvictor@mpu.gov.tt) or Mr. Leif Mathura Communications Officer ext. 5304 or [lmathura@mpu.gov.tt](mailto:lmathura@mpu.gov.tt).