

OVERSEAS EXHIBITOR'S APPLICATION FORM

◆ We require _____ booth(s)(3mx3m per booth)

◆ Booth type(check one): Raw Space Shell Scheme

Company Information

Company: _____

Abbreviated Company Name (if any. Less than 12 letters, including blanks): _____

Address: _____

Postal code: _____ Country: _____ Brand Name: _____

Website: _____

Contact Person

Trade Show Contact Person: _____ Position: _____

Tel: _____ Fax: _____ E-mail: _____

Sales Contact Person: _____ E-mail: _____

Tel: _____ Fax: _____

Theme Exhibition Area Check ONE only. If none of above applies, check General Exhibition Area

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Hospital Equipment and Consumables | <input type="checkbox"/> Digital Healthcare | <input type="checkbox"/> M-novator |
| <input type="checkbox"/> Medical Components | <input type="checkbox"/> Vitality & Wellness | (Startups) |
| <input type="checkbox"/> Assistive Device and Healthcare for All Age | <input type="checkbox"/> Smart Medical | |

IMPORTANT: Exhibiting company can only select booth space from the area/pavilion which you applied for.

Products or services to be on display (Please fill in your Product Codes (4-6 digits) listed in the Exhibit Profile) :

- | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. <input type="text"/> | 2. <input type="text"/> | 3. <input type="text"/> | 4. <input type="text"/> |
| 5. <input type="text"/> | 6. <input type="text"/> | 7. <input type="text"/> | 8. <input type="text"/> |

9. Others: _____

(If you can't find suitable codes, please fill in product name in English and Chinese)

Agent or representative in Taiwan, if any:

Name of company: _____

公司中文名稱: _____ 統編: _____

Address: _____

Tel: _____ Fax: _____ Mobile: _____

Contact Person: _____ E-mail: _____

Please state your ideal Target Audience: _____

*** Please make a copy of the application form for your file and email to the contact person of the organizers**

Show manager of Medical Taiwan, TAITRA Ms. Chris Lee,

medicaltaiwan@taitra.org.tw

We have read and accepted the Terms and Regulations for Participation listed overleaf, and agree to abide by any additional rules and regulations made by TAITRA in connection with this show.

The above personal data will be used by TAITRA only in order to forward the applicant (by phone, mail and other means) information about exhibitions or trade promotion activities in the years 2023-2027. Those who wish to exercise any of the following rights, please contact TAITRA.

- | | | |
|---|---|--|
| 1. Make inquiry and request for a review of personal information; | 2. Make request for duplications of personal information; | 5. Request deletion of personal information. |
| 3. Request supplement or correct personal information; | 4. Request stop of collection, processing or use of personal information; | |



Signature: _____ Date: _____