



**Attendee Badge Information (Type or Print Clearly)**

First Name: _____	Middle Name: _____	Last Name: _____
Mailing Address: _____ _____		Company Name: _____
City: _____		Position: _____
State/Province: _____		Telephone: _____
Postal Code: _____		Fax: _____
Country: _____		E-mail: _____
		Website: _____

Please check here if anyone receiving a badge has a disability that requires special assistance and we will contact you.

1. Business Type:	2. What Product(s) Do You Produce?																								
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>BUYERS:</b>  <input type="checkbox"/> Wholesaler  <input type="checkbox"/> Distributor  <input type="checkbox"/> Broker  <input type="checkbox"/> Importer/Exporter  <input type="checkbox"/> Other: _____                 </td> <td style="width: 33%; vertical-align: top;"> <b>SUPPLY:</b>  <input type="checkbox"/> Farmer/Grower  <input type="checkbox"/> Raw Ingredient  <input type="checkbox"/> Producer/Supplier  <input type="checkbox"/> Ingredient Importer/Exporter  <input type="checkbox"/> Perishables-floral, produce, fish, etc  <input type="checkbox"/> Whole/Cooperative Groceries Supermarket                 </td> <td style="width: 33%; vertical-align: top;"> <b>MANUFACTURING:</b>  <input type="checkbox"/> Food/Beverage  <input type="checkbox"/> Spices, Dry Goods  <input type="checkbox"/> Vitamin/Miner/Herbs  <input type="checkbox"/> Nutraceuticals  <input type="checkbox"/> Association  <input type="checkbox"/> Other: _____                 </td> </tr> </table>	<b>BUYERS:</b> <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Broker <input type="checkbox"/> Importer/Exporter <input type="checkbox"/> Other: _____	<b>SUPPLY:</b> <input type="checkbox"/> Farmer/Grower <input type="checkbox"/> Raw Ingredient <input type="checkbox"/> Producer/Supplier <input type="checkbox"/> Ingredient Importer/Exporter <input type="checkbox"/> Perishables-floral, produce, fish, etc <input type="checkbox"/> Whole/Cooperative Groceries Supermarket	<b>MANUFACTURING:</b> <input type="checkbox"/> Food/Beverage <input type="checkbox"/> Spices, Dry Goods <input type="checkbox"/> Vitamin/Miner/Herbs <input type="checkbox"/> Nutraceuticals <input type="checkbox"/> Association <input type="checkbox"/> Other: _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Human Food Products  <input type="checkbox"/> Ethnic Food Products  <input type="checkbox"/> Natural &amp; Specialty Foods  <input type="checkbox"/> Organic Foods  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Other: _____                 </td> <td style="width: 50%;"></td> </tr> </table>	<input type="checkbox"/> Human Food Products <input type="checkbox"/> Ethnic Food Products <input type="checkbox"/> Natural & Specialty Foods <input type="checkbox"/> Organic Foods <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____																				
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<b>3. Guest/Visitor/Attendee (Check all that apply)</b> <ul style="list-style-type: none"> <li>• Please print your name as you want it to appear on your badge.</li> <li>• Print your First Name, Middle Name, if any and Last Name accordingly</li> <li>• Refund will not be issued for cancellations or no shows</li> </ul> <p style="text-align: center;"><b>REGISTRATION AND EXHIBITOR FEES</b>  <i>All payments are in US Dollars (\$USD)</i></p> <p><b>ATTENDEES:</b> Full package for 3 days: ATDC Conference/ Workshops, Buyer/Seller Meetings and Handi-Crafts, Beverages, Ethnic Foods, and Spices Trade Show (2 1/2days) and Reception.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> FDA/ATDC member \$300.00</td> <td><input type="checkbox"/> FDA/ATDC NON member \$350.00</td> </tr> <tr> <td><input type="checkbox"/> Exhibition Package FDA/ATDC member \$950.00</td> <td><input type="checkbox"/> Exhibition Package FDA/ATDC NON- member \$995.00</td> </tr> </table> <p><b>Total Amount:</b> _____</p> <p><b>Payment by Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> PayPal</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name As it Appears on Card:</td></tr> <tr><td colspan="3">Address for Card:</td></tr> <tr><td colspan="3"> </td></tr> <tr> <td style="width: 33%;">Card#</td> <td style="width: 33%;">Exp. Date:</td> <td style="width: 33%;">CVC:</td> </tr> <tr><td colspan="3">Signature on Card:</td></tr> <tr><td colspan="3"> </td></tr> </table> <p><input type="checkbox"/> Electronic Funds Transfer (EFT)      <b>Routing No.:</b> 061000104  <b>Account No.:</b> 1000141396753  <b>Bank:</b> SunTrust      <b>Address:</b> 7818 Parhamro Road, Richmond, VA 23294</p>	<input type="checkbox"/> FDA/ATDC member \$300.00	<input type="checkbox"/> FDA/ATDC NON member \$350.00	<input type="checkbox"/> Exhibition Package FDA/ATDC member \$950.00	<input type="checkbox"/> Exhibition Package FDA/ATDC NON- member \$995.00	Name As it Appears on Card:			Address for Card:						Card#	Exp. Date:	CVC:	Signature on Card:						<p style="text-align: center;"><b>ATTENTION INTERNATIONAL ATTENDEES</b></p> <p>International participants without entry visas to the United States are required to submit their registration forms and applicable fees, as soon as possible, but not later than July 20, 2017, to receive invitation letter for your visa application.</p> <p><b>EXHIBITORS:</b> <i>Exhibitors must also submit page#2, "Exhibitor Directory Information" Sheet</i></p> <p>Exhibitor package includes: ATDC Conference/ Workshops, Buyer/Seller Meetings, Handi-Crafts, Ethnic Foods, and Spices Trade Show (2 1/2days), a Marketplace on Saturday, and Reception.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• One 6' Skirted Draped table</li> <li>• Two 2 chairs, Fully carpeted</li> <li>• One 500watt electrical power outlet (120 volts)</li> <li>• Three Free entries in the show's "Onsite New Product Showcase" at the Exhibition hall</li> <li>• Exhibitor's Service Manual and Service Kit</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Two ( 2) Booth Staff Personnel badges (additional badges at \$25.00 each)</li> <li>• Booth Sign</li> <li>• Lighting</li> <li>• One wastebasket</li> <li>• Free listing in the show's official website</li> <li>• Free listing in the Exhibitor's Directory</li> <li>• An official Press Release from your company listed in the show's official</li> <li>• Your Official Press Release listed in the show's website</li> </ul> </td> </tr> </table> <p>Exhibitor package fee covers only 2 company's representative maximum</p>	<ul style="list-style-type: none"> <li>• One 6' Skirted Draped table</li> <li>• Two 2 chairs, Fully carpeted</li> <li>• One 500watt electrical power outlet (120 volts)</li> <li>• Three Free entries in the show's "Onsite New Product Showcase" at the Exhibition hall</li> <li>• Exhibitor's Service Manual and Service Kit</li> </ul>	<ul style="list-style-type: none"> <li>• Two ( 2) Booth Staff Personnel badges (additional badges at \$25.00 each)</li> <li>• Booth Sign</li> <li>• Lighting</li> <li>• One wastebasket</li> <li>• Free listing in the show's official website</li> <li>• Free listing in the Exhibitor's Directory</li> <li>• An official Press Release from your company listed in the show's official</li> <li>• Your Official Press Release listed in the show's website</li> </ul>
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<p><b>FOR OFFICIAL USE ONLY:</b></p> <p>DATE APPLICATION RECEIVED: _____ PROCESSED BY: _____</p> <p>AMT APPROVED/DECLINED: _____</p>	<p>BADGE INFO: _____</p> <p>REMARKS: _____</p>																								

AFRICA TRADE DEVELOPMENT CENTER (ATDC)



# EXHIBITOR DIRECTORY INFORMATION

## 1. EXHIBITOR INFORMATION:

Company Name to be Listed on the Exhibitor's Booth Sign and Show Directory (PRINT CLEARLY):

Physical Company Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone: Country Code (\_\_\_\_) City Code (\_\_\_\_) \_\_\_\_\_

Fax: Country Code (\_\_\_\_) City Code (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ www: \_\_\_\_\_

Exhibitor Contact Person's Name (PRINT): \_\_\_\_\_ Title: (PRINT) \_\_\_\_\_

## 2. ASSIGNED BOOTH # \_\_\_\_\_

3. PRODUCT INFORMATION: Please refer to the attached Product Categories List and enter only six (6) product category numbers below that you intend to sell at the show:

Product Category Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

*(These are the products that will be listed in the show directory)*

4. SALES ACTIVITIES: Check as many of the following that apply to your company:

Currently Exporting  Currently Importing  Manufacturer  Distributor

New-to-Exporting  New-to-Importing  Retailer  Service Provider

5. MARKET INTEREST: Check the countries or regions that want to market your products to:

All Regions  Africa  Asia  Brazil  Canada  Caribbean

C. America  Europe  Mexico  Mid East  S. America  USA

## 6. BUSINESS OBJECTIVE AT THE SHOW:

Direct Sales  Joint Venture  Licensing Agreement  Agent/Distributor Identification  Purchasing

## 7. LANGUAGES SPOKEN: \_