



**HEALTHY
LIVING
ASIA**

APPLICATION

CARE EXPO Thailand | Healthy Living Asia 2021
11-14 FEBRUARY 2021 EH 103-104



ORGANIZED BY



1. Company Name and address

Company Name _____
Address _____

Contact Person _____
Position _____
Phone No. _____
E-Mail _____
Website _____

4. Categories

- LIVING STANDARDS
- FOOD & BEVERAGE
- MEDICAL CARE & SUPPORT
- FINANCE & INVESTMENT
- LIFESTYLE & WELLNESS

6. Stand Requirements:

- Raw Space (Minimum 18 sqm)**
- Standard Booth (3m.x3m.)**

zone _____
Booth No. _____
Total Space _____

8. Cancellation

1. The organizer reserves the right to reject any application, If payment is invalid.
2. The organizer will not refund any amount already disbursed by the exhibitor if later decides to withdraw the application.
3. The organizer reserves the right to make the final decision on unpredictable circumstances.

Note: Details in application form are used for the invoice

For Organizer Only

Name _____
Date Received _____

2. Company Name and address for Receipt

Company Name _____
Taxpayer Identification _____
Address _____

Phone No. _____

3. Product/Brand Name

1. _____
2. _____

5. Type of Business

- Manufacturer Importer Exporter
- Representative Trading Company
- Service Provider Association/Government
- School/Institution Others: _____

7. You must send this application form with :

1. Company Certificate
2. VAT License
3. Certificate of product
4. Product Logo (ai.)
5. Product Images
6. Product Video

Please send the completed application form together with required document to
E-mail : info@careexpothailand.com

9. Terms of Payment

Deposit 60% within 7 business days after your application is submitted, 40% due date 31 July 2020.

Payment must be made in the form of cheque or transfer to 'Business Event Services (Thailand) Co.,Ltd.' Kasikorn Bank, Seacon Square
Swift Code KASITHBK Account No.908-2-266779
and please send pay - in slip with your company name to E-mail info@careexpothailand.com

10. Signature

I agree to follow a certain rule

(_____)

Authorized Signature

Name _____
Date _____