**Application Form of Furniture and Exhibits Moving in**

Dear exhibitors and builders!

In order to ensure a more orderly and standardized operation of the exhibition, the furniture of exhibitors and the builders are managed in a unified way. Please fill in the following forms for the furniture (including furnishings) and exhibits to be entered within 20 days from the date of the exhibition opening and send them back to the Organizer:

*Operation Department,*

*MetalForm China Division,*

*Confederation of Chinese MetalForming Industry*

*10/F Boya Tower C, Zhonguancun Life Science Park, Beiqing Rd., Changping, Beijing 102206, P. R. China.*

*Tel:：+86 10 5305 6669*

*Fax： +86 10 5305 6644*

*Email：[metalform@chinaforge.org.cn](mailto:exhibition@chinaforge.org.cn)*

**Attention:** If exhibitors and the builders need to fill in and submit application forms, please contact the Operation Department of MetalForm China Division of CCMI.

**Application Form of Furniture in- MetalForm China**

CCMI and the Administrative Department of the Exhibition Hall:

We hereby have our company to participate in MetalForm China , the Booth No. is , and (builder Name) will build the booth for us. The existing furniture needs to be brought into the exhibition hall (the list is as follows). During the whole exhibition period, the builder appointed by the us shall be responsible for providing relevant services. If there is any loss or damage, it has nothing to do with the administration department of he exhibition hall and the Organizer.

We hereby declare that we have fully understood the regulations that non designated lunch, furniture and flowers shall not be brought into the exhibition hall.

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| **Furniture (including Furnishings) and Exhibits** | **Quantity（in words）** |
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**Tips：**

This form is not enough. It can be submitted on another page.

Exhibitor or Builder: Signature by Exhibitor or Builder:

Comment by Administrative Department of the Exhibition Hall：

Signature by Director of Administrative Department of the Exhibition Hall: