

## 6. Co-exhibitors

Fax +49 30/3038-2113 or -2119

Registration deadline for co-exhibitors  
15 December 2017



7 – 11 March 2018

Messe Berlin GmbH  
Messedamm 22  
14055 Berlin  
Germany

Tel. +4930/3038-0  
Fax +4930/3038-2113/-2119  
www.itb-berlin.com  
itb@messe-berlin.de

\_\_\_\_\_ | \_\_\_\_\_  
**■ Name of Main Exhibitor**

**Hall:**

**For your attention:**

Please be aware that we need the indication whether a company

- is presented at ITB Berlin personally (Co-exhibitor/CE)

or

- represented by your company  
(Additional Companies Represented/ACR).

Please fill in this document completely and send it to [itb-coexhibitor@messe-berlin.com](mailto:itb-coexhibitor@messe-berlin.com)

You can also send the required information about your co-exhibitors or additional companies represented digital, e.g. in form of an Excel file.

To be able to guarantee all services of ITB Berlin, please send us the co-exhibitor information including the name and the email address of the contact person of the co-exhibitor until 15 December 2017.

1.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Postal Code, City, Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Contact Person  Ms.  Mr.

\_\_\_\_\_  
Branch-No.

\_\_\_\_\_  
Booth-No.

Co-exhibitor

Additional Company  
Represented

We agree that the email address may be passed on to other companies in the Messe Berlin group, to their official partner companies in this country and abroad, and to foreign representatives, for the purposes stated in the data protection regulations (see point 9. Data protection regulations), and we may revoke this approval at any time. It may not be passed on to any other third parties.

→ We agree  Email (please mark)

By signing this application we accept the data protection regulations, the Conditions of Participation and the General Terms of Business for Messe Berlin Trade Fairs and Exhibitions. Place of performance and court of jurisdiction: Berlin, Germany.

2.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Postal Code, City, Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Contact Person  Ms.  Mr.

\_\_\_\_\_  
Branch-No.

\_\_\_\_\_  
Booth-No.

Co-exhibitor

Additional Company  
Represented

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3.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Postal Code, City, Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Contact Person  Ms.  Mr.

\_\_\_\_\_  
Branch-No.

\_\_\_\_\_  
Booth-No.

Co-exhibitor

Additional Company  
Represented

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**Please indicate only one branch number!**

**IV.**