



CONTACT INFORMATION

Company Name :

Mailing Address :

Zip/Postal Code :

City/Country :

Telephone :

Fax :

Mobile :

Email :

Website :

CONTACT NAME

Name :

Job Title :

Mobile :

Email :

Country of origin of your brand :

BOOTH INFORMATION

Booth Type : Space Only Standard Shell Scheme Stand

Booth Number : (Kindly refer to the floor plan)

FASCIA : Exact name as you would like it to appear on fascia board in capital letters.

Do you have any special requirements? (eg.electricity, Print logo on fascia, etc.)

REQUIRED MATERIALS

Kindly provide us with a CD including the following items

- 1- Advertisement to run on plasma screen.
- 2- Logo (Vector formate - Ai or Photoshop 360 dpi).
- 3- Company profile (5 lines).

EXHIBITION RATES

Rate/sqm **L.E.1,500** for local exhibitors and **US\$ 250** for international exhibitors. Register prior to August 14th, 2018 and receive a **10%** discount. EFDA members will also receive a 10% discount.

Registration Deadline October 21st, 2018.

PAYMENT DETAILS

Terms of payment: 50% of the total amount to be paid upon contract signature. Full payment should be made by no later than **October 23rd , 2018.**

BANK DETAILS

Cheques should be made payable to :

Bank : **Commercial International Bank (CIB)**

Adress : **Nadi El Seid Branch, 66-68 Mohie El Din Aboul Ezz St**

Swift Code : **CIB EE GCX 025**

Account name : **Egyptian Franchise Development Association (EFDA)**

Account No in US\$: **25-9030024-6**

Account No in L.E.: **25-9000084-6**

All registration fees are non-refundable after October 23rd , 2018

Name : Title :

Signature : Date :

Please complete and send this form to fax (+202) 33458292 - or Email on info@efda.org.eg by no later than **October 23rd , 2018**

For EFDA use only

Received form on:

Advance Payment Received :

Remaining Balance :

Booth Number :



Exhibitor catalog is a booklet that contains all exhibitors who had participated in MIFE every year. From which, any franchisee can easily contact MIFE exhibitors. EFDA distributes this booklet in MIFE exhibition and during the year, which is considered as a sort of franchise marketing.

P.S. : your page should include your accurate and clear company information in both Arabic and English, EXCEPT for international exhibitors, it will be published only in English .

COMPANY CATEGORY

Franchisor Master Franchise Consultant Licensor Service Provider Franchisee Media Association Other

KINDLY FILL THE BELOW INFORMATION

Booth No: جناح رقم :
Category: وصف الشركة :
Company Name : اسم الشركة :
Mailing Address : العنوان :
Zip/Postal Code : الرقم البريدى :
City/Country : الدولة :
Telephone : التليفون :
Fax : الفاكس :
Mobile : الموبايل :
Email : البريد الالكترونى :
Website : الموقع الالكترونى :
Contact Name: المسئول :
Title: الوظيفة :

CONTACT DETAILS

This form should be **TYPED** and send by fax (+202) 33458292 / or Email on info@efda.org.eg by no later than **October 23rd , 2018**

For EFDA use only

Received form on:

Booth Number :

Name : Title :

Address : Date :

