

EXHIBITION PARTICIPATION AGREEMENT



Personal Care & Home Care Ingredients
 March 17-19, 2008
 Shanghai Everbright Convention
 & Exhibition Centre
www.pchi-china.com

Exhibiting Company's Information

Company Name			
Contact Person		Designation	
Tel #	(Country Code)	(Area Code)	(Telephone No.)
	-	-	-
Fax #	(Country Code)	(Area Code)	(Telephone No.)
	-	-	-
Address			Postal Code
Country		Email	
Company Website		Exhibits	

Organized and  **Reed Sinopharm Exhibitions**
Managed by
 Levels 11-12, Sinopharm Building
 20 Zhichun Rd, Haidian District Beijing 100088
 For enquiries, please contact
Ms Jessie Cui:
 T: +86-10-62028899 ext 5103
 F: +86-10-62358292
 E: wei.cui@reedsinopharm.com

Notes: 1. Last dead for application and submission is January 30, 2008. 2. Please return application form by fax to +86-10-62358292.

EXHIBITION STAND REQUEST

Description	Area (m ²)	Cost (RMB)	Requested Location	Payment Terms
Raw Space (36m ² min.)				<ul style="list-style-type: none"> 100% due once participation agreement duly signed. Wire transfer fee of RMB 250 will be included in invoice.
Upgraded Shell Scheme* (9 m ² min.)				

*Includes company name on fascia board in English & Chinese, carpet, 1 reception counter, 2 chairs, 2 spot lights, 1 electric socket (220V), & 1 waste basket.

SPONSORSHIP OPPORTUNITIES (The Sales Manager will contact you for customization of sponsorship)

Our company is also interested in exploring further on **sponsorship opportunities** for: **Platinum** **Gold** **Silver**

ANCILLARY SERVICES

- Meeting Room _____ hour/s @ RMB 1,000 per hour (please state preferred time _____ & dates _____)
- Hospitality Suite _____ room/s @ RMB 20,000 per suite
- New Technology Feature _____ hour/s @ RMB 5,000 per hour (includes space at New Technology Feature Zone)
- PCHI Industry Night _____ of presentation slots @RMB 10,000 per 5 min slot

TOTAL COST OF PARTICIPATION : RMB _____

An invoice will be sent to you shortly once your duly completed form has been processed and accepted by the organizers.

PAYMENT ARRANGEMENTS - Please pay to REED SINOPHARM EXHIBITIONS CO., LTD in RMB at

Beneficiary's bank: China Citic Bank H.O General Banking, Zhichun Road Sub Branch

Bank address: No.20 Zhichun Rd, Haidian District, Beijing 100088, China **A/C No. :** 7111711482600000345 **Swift Code:** CIBKCNBJ100

TO BE COMPLETED BY EXHIBITING CUSTOMER

We hereby confirm our participation at PCHI 2008. We have read the Exhibition Rules and Regulations on the reverse of this page and agree that they are a part of this application. We hereby further agree to abide by them.

Name: _____ Title: _____ Date: _____

Authorized Signature: _____ Company Stamp: _____

(Please note that this agreement should be signed by a Director of the Company if contracted by a Company, or by a Partner if contracted by a Partnership.)

FOR SHOW MANAGEMENT USE ONLY

Authorized Signature and Company Stamp: _____ Date: _____

(For and on behalf of Reed Sinopharm Exhibitions Co. Ltd.)