**Local Group Delegation Programme**

**APPLICATION FORM**

**Local Group Delegation Privileges**

* Complimentary ground transport from one (1) location of choice to the venue.
* Waiver of the SGD80 admission fee per event.
* Fast and hassle-free collection of visitor badges upon arrival at the event.
* Group welcome and photography session upon arrival.
* A copy of the Visitors Guide for each delegate*.*
* Option to participate in the online business matching service to schedule meetings with exhibitors.

**Terms & Conditions**

1. The local group delegation programme is applicable to groups of **10** delegates or more from a single organisation located within Singapore.
2. The application form and the final delegate list must be submitted to the Organiser no later than **31 January 2020**.
3. The group must arrive at the exhibition together. Delegates are required to present their business card for verification to obtain the admission badge.
4. The Organiser reserves the right to reject any application and/or amend the privileges where it deemed appropriate.

**Please complete this form and return it by 31 January 2020 to email:** [**pamela.lin@informa.com**](mailto:pamela.lin@informa.com)**.**

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| --- | --- | --- | --- |
| Event to Visit: | FHA-HoReCa 2020  FHA-Food & Beverage 2020 | | |
| First Name: |  | Family Name: |  |
| Job Title: |  | | |
| Company: |  | | |
| Address (Line 1): |  | | |
| Address (Line 2): |  | Postal Code: |  |
| Tel: |  | Fax: |  |
| Mobile: |  | Email: |  |
| Date of Visit to FHA-HoReCa: |  | Date of Visit to FHA-Food & Beverage: |  |
| No. of Delegates: |  |  |  |

Please tick the optional privileges that you require:

Complimentary ground transport from one (1) location within Singapore.

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| --- | --- | --- |
|  | **FHA-HoReCa 2020** | **FHA-Food & Beverage 2020** |
| Address/Location of Bus Pick-Up: |  |  |
| Date of Transport Pick-up: |  |  |
| Time of Transport Pick-up: |  |  |

Online Business Matching Service to schedule meetings with exhibitors.

I hereby confirm the information provided above by me and that I have read and agreed to the terms and conditions stated in this application form.

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Signature of Applicant

Name:

Date: