**INFORMATION REQUIRED FOR REGISTRATION IN SCEWC 2025: 4th – 6th Nov 2025**

Please fill this template to proceed with participation process:

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| **COMPANY INFORMATION** |
| **Company name** |  |
| **Trade name.**The name that will appear on the exhibitors list |  |
| **Address:**  |  |
| **Phone number:**  |  |
| **Email address:**  |  |
| **Country:**  |  |
| **NIF/VAT:**  |  |
| **Website:** |  |

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| **CONTACT INFORMATION** |
| **Name and surname:**To coordinate the participation |  |
| **Phone Number:**  |  |
| **Email address:** |  |
| **Job Title:**  |  |

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| **SIGNING PERSON DETAILS** |
| **Name and surname** of the person who will sign the contract |  |
| **Email address** Contract to be signed digitally |  |
| **Job title** |  |

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| **PARTICIPATION DETAILS** |
| **Space only** | \_\_\_\_\_\_\_\_ m² |
| **Partnership** | [ ] Global Partner[ ] Industry Partner[ ] Event Partner |
| **Sponsorship** |  |
| **Additional info** |  |