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

Please fill this template to proceed with participation process:

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

|  |  |
| --- | --- |
| **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** | \_\_\_\_\_\_\_\_ m² |
| **Partnership** | Global Partner  Industry Partner  Event Partner |
| **Sponsorship** |  |
| **Sector** |  |