



CONDITIONS FOR SELLER REGISTRATION

(Please Read Carefully before completing the Registration Form)

APPLICATION FOR BOOTH AND SELLER DELEGATES

1. ANGKOR INTERNATIONAL TOURISM EXCHANGE 2007 (AITEX) will be held in Siem Reap, Kingdom of Cambodia, **01- 03 October 2007**.
2. Participant as a Seller is open to Cambodian and to all tourism product and service operators.
3. A maximum of two(2) delegates are allowed in each booth, with one registered as a Full-delegate and the second registered as a Co-delegate.
 - **Full-delegate** is a primary representative of each unit who can enter all functions and during the AITEX.
 - **Co-delegate** is a secondary representative who is authorized to join all sessions and activities except for briefing and on-site appointments in the "Sellers meet Buyers" session.
4. Those who wish to participate as a Seller must.
 - Complete the Seller Registration Form.
 - Complete the Seller Questionnaire Form.
 - Submit both forms with the required payment to contact details below, postmarked deadline of **NOT LATER THAN AUGUST 31, 2007** for inclusion in the appointment scheduling process.

AITEX 2007 Secretariat

c/o: Ministry of Tourism

#3, Preah Monivong Blvd, Phnom Penh 12258,
Cambodia

Mobile: (855) 12 222 244 / 12 826 055 / 16 500 345

Tel.:(855) 23 720 100 Fax.:(855) 23 720 101

E-mail: aitexcambodia@mot.gov.kh

Web Site: www.aitexcambodia.com

5. Payment can be made in form of a bank draft / telegraphic transfer / cheque payable in US Dollars issued by and/or drawn on an approved bank in Cambodia only.
6. No on-site registration shall be made.

BOOTH ALLOCATION

1. Booth allocations will be chosen by your organization mentioned in the registration form:
2. Booth assignment will be confirmed on a first-come first-serve basis, subject to the payment of the required fees.
3. Booth assignment remains the prerogative of the Organizing Committee.
4. There will be a maximum of 318 booths (standard size: 3m x 3m) for booking.



FEES

1. All fees are to be paid in US Dollars only.
2. Registration payment must be in full, exclusive of any bank fees or charges involved which will be for the account of the delegate.
3. Bank draft, telegraphic transfer or cheque payable in US Dollars issued by and/or drawn on an approved bank in Cambodia only, must be made payable to:

AITEK 2007

Account No.:0100 305 002 171

Canadia Bank PLc

Address: No. 265 - 269, Street. Ang Doung,

Phnom Penh, Cambodia

Tel.:(855-23) 215 286 / Fax.: (855-23) 427 064 / Telex.:CANADIA KA361188

4. Registration Fees are as follow:
* *Booth + Full-delegate + Co-delegate* : US\$770.00
5. The payment deadline is **NO LATER THAN AUGUST 31, 2007**, otherwise your reserved booth will be terminated and then submitted to the others waiting.

CANCELLATION, SUBSTITUTIONS AND REFUNDS

1. The Secretariat must be notified in writing (fax / letter / e-mail) of any cancellation **before** September 14, 2007. The cancellations for Booths + Full-delegates and Co-delegate Sellers within the mentioned deadline shall be granted a full refund of the amount received. All refunds shall be remitted only after the closing date of the AITEK. *No refund shall be made for booth and Seller Delegate(s) cancellation postmarked after September 20, 2007.*
2. Delegate Substitution must be notified to the Secretariat before September 14, 2007. Otherwise, US\$15.00 will be charged at the Secretariat counter on the registration date for substitution or lost of the badge.

ENTITLEMENT

1. Only duly registered Buyers and Sellers are allowed to participate in the AITEK.
2. Admission to the AITEK area will be strictly on the basis of name badges. All Sellers and Buyers are required to wear their badges at all times in the AITEK area.

ACCEPTANCE OF REGISTRATION

This application, when signed and stamped, shall serve as an agreement between the applicant's organization and the Organizing Committee that the above terms and conditions have been read and understood by the applicant. The Organizing Committee reserves the right to reject any incomplete application submitted without the applicant's signature or stamp of the company.



SELLER REGISTRATION FORM

Please read the following conditions for registration carefully before completing this form. The attached Seller Questionnaire must be submitted with Seller Registration Form. Please return the completed registration form and questionnaire together with the total required payment to:

AITEX 2007 Secretariat

c/o: Ministry of Tourism
#3, Preah Monivong Blvd, Phnom Penh 12258, Cambodia
Mobile: (855) 12 222 244 / 12 826 055 / 16 500 345
Tel.:(855) 23 720 100 Fax.:(855) 23 720 101
E-mail: aitexcambodia@mot.gov.kh
Web Site: www.aitexcambodia.com

**** To be included in the pre-matching process, please respond by postmarked on or before August 01, 2007**** Each Seller organization may register a maximum of two(2) delegates per booth, one(1) Full-delegate and one(1) Co-delegate. Registration confirmation will be sent upon of this form and full payment of all fees.

ORGANIZATION DATA (Please Type Only)

Organization: _____
(The name which will be appeared on fascia and badge)
Address: _____
Province: _____ Postcode: _____ Country: _____
Tel.: _____ Fax.: _____ E-mail: _____

FULL- DELEGATE DATA

(Mr.\Mrs\Ms\Dr) Given Name: _____ Family Name: _____
Position in Organization: _____

CO- DELEGATE DATA

(Mr.\Mrs\Ms\Dr) Given Name: _____ Family Name: _____
Position in Organization: _____

TOTAL AMOUNT PAYABLE: US\$770.00

Payment by: Cheque Cashier Cheque Bank Draft Telegraphic Transfer

Payable to: AITEX 2007, Account No.:0100 305 002 171, Canadia Bank PLc, Address: No. 265 - 269, Street. Ang Doung,Phnom Penh, Cambodia
Tel.:(855-23) 215 286 / Fax.: (855-23) 427 064 / Telex.:CANADIA KA361188

PLEASE SELECT THE ONLY PREFERRED CATEGORY BELOW FOR THE AREA OF BOOTH ALLOCATION

- | | |
|--|--|
| <input type="checkbox"/> Airlines | <input type="checkbox"/> Medical & Health Tourism / Spa |
| <input type="checkbox"/> Eco & Adventure | <input type="checkbox"/> Mekong Region (Cambodia, Laos, Myanmar, Vietnam, Yunnan, Guangxi) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Tour Operator |
| <input type="checkbox"/> Hotel & Resort | <input type="checkbox"/> Other Services |

I have read the seller agreement instructions and agreed to the conditions of acceptance

Signature:..... Date:.....
(Authorized Signature & Company Stamp)



SELLER QUESTIONNAIRE

PLEASE RETURN WITH THE SELLER REGISTRATION FORM

Please complete this questionnaire and check clearly only the appropriate box which best describes your operation. This information will be used in the matching and scheduling of your appointment requests with the appropriate BUYER. This questionnaire, together with the Seller Registration Form and registration fee must be postmarked NO LATER THAN SEPTEMBER 14, 2007, for confirmed conclusion in the appointment scheduling process.

TYPE OF ORGANIZATION YOU REPRESENT

- | | |
|--|--|
| <input type="checkbox"/> Airline / Air Transportation | <input type="checkbox"/> National Tourist Organization (NTO) |
| <input type="checkbox"/> Associations | <input type="checkbox"/> School / Educational Institution |
| <input type="checkbox"/> Car Rental / Coach Company | <input type="checkbox"/> Medical & Health Tourism / Spa |
| <input type="checkbox"/> Convention / Exhibition Organizer | <input type="checkbox"/> Theme Park / Tourist Attraction |
| <input type="checkbox"/> Cruise lines / Ferry Services | <input type="checkbox"/> Tour Operator / Travel Agent |
| <input type="checkbox"/> Hotel / Resort | <input type="checkbox"/> Others |
| <input type="checkbox"/> Incentive Organizer | |

TYPE OF YOUR BUSINESS (Please rank by percentage)

- | | |
|---|-------------|
| <input type="checkbox"/> Agro Tourism | _____% |
| <input type="checkbox"/> Eco & Adventure | _____% |
| <input type="checkbox"/> Business Travel | _____% |
| <input type="checkbox"/> Carter Travel | _____% |
| <input type="checkbox"/> Conference / Meeting | _____% |
| <input type="checkbox"/> Convention / Exhibition | _____% |
| <input type="checkbox"/> Cruising | _____% |
| <input type="checkbox"/> Group Travel | _____% |
| <input type="checkbox"/> Incentive Travel | _____% |
| <input type="checkbox"/> Individual Travel | _____% |
| <input type="checkbox"/> School & Education institution | _____% |
| <input type="checkbox"/> Special Interest | _____% |
| <input type="checkbox"/> Sports Activity | _____% |
| <input type="checkbox"/> Others _____ | _____% |
| Total | 100% |

TYPE OF SERVICES YOU PROVIDE (Please rank by percentage)

- | | |
|---|-------------|
| <input type="checkbox"/> Accommodation | _____% |
| <input type="checkbox"/> Adventure | _____% |
| <input type="checkbox"/> Air Ticketing | _____% |
| <input type="checkbox"/> Coach / Limousine | _____% |
| <input type="checkbox"/> Convention / Exhibition Management | _____% |
| <input type="checkbox"/> Education | _____% |
| <input type="checkbox"/> Entertainment / Theme Park | _____% |
| <input type="checkbox"/> Food / Banquet Facilities | _____% |
| <input type="checkbox"/> Medical Health & Spa | _____% |
| <input type="checkbox"/> Incentive Handling / DMSc | _____% |
| <input type="checkbox"/> International Sales Office | _____% |
| <input type="checkbox"/> Lifestyle & Culture | _____% |
| <input type="checkbox"/> Nature Tours | _____% |
| <input type="checkbox"/> Sightseeing / Guide Service | _____% |
| <input type="checkbox"/> Sports Activity | _____% |
| <input type="checkbox"/> Others _____ | _____% |
| Total | 100% |

DESTINATIONS YOU CURRENTLY SELL TO (Please specify in Markets / Countries)

1. _____
2. _____
3. _____
4. _____
5. _____

DESTINATIONS / MARKETS YOU PLAN TO DEVELOP FURTHER (Please specify in Markets / Countries)

1. _____
2. _____
3. _____
4. _____
5. _____

ANY OTHER MARKETING INFORMATION OF INTEREST TO BUYERS

SIGNATURE: _____

Date: _____