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Form C10

Pavilion Booth and Standard Booth Exhibitors Confirmation Letter

Messe Frankfurt (HK) Ltd

Address: 35/F China Resources Building
26 Harbour Road, Wanchai, Hong Kong

Attn: Mr Ryan Lau

Tel: +852 2230 9229

Fax: +852 2598 7887

Email: op@hongkong.messefrankfurt.com

**This form must be submitted before
Deadline: 17 March 2026**

By referring to section 4.3 "Important Notes for Pavilion Booth and Standard Booth Exhibitors" of the Exhibitor Manual:

(Please ✓ the below box provided for acknowledgement)

- ☐ **We have read and agree to comply the rules and regulations stated in section 4.3 "Important Notes for Pavilion Booth and Standard Booth Exhibitors" of the Exhibitor Manual. We (including all personnel, employees, guests, suppliers and any other relevant third parties of our Company) agree such undertaking will be binding upon the execution of this confirmation letter, this confirmation letter shall constitute valid and legally binding obligations of us, enforceable against us in accordance with its respective terms and conditions.**

Please note:

Failure to respond to this Confirmation Letter before the deadline set forth hereunder shall be deemed as refusal to make acknowledgement by the Exhibitor, and any dispute or responsibilities arising therefrom shall be handled or assumed by the Exhibitor on its own, and the Organisers have the right to revoke the exhibiting qualification of the Exhibitor.

Company Name: _____ Booth No.: _____

Contact Person: _____ Title: _____

Tel: _____ Fax: _____ Email: _____

Authorised Signature: _____ Date: _____



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表格 C10

展区及标准展位展规确认书

法兰克福展览(香港)有限公司

地址：香港湾仔港湾道26号华润大厦35楼

联系：刘俊廷先生

电话：+852 2230 9229

传真：+852 2598 7887

电邮：op@hongkong.messefrankfurt.com

此表格须于
2026 年 3 月 17 日或之前提交

参阅参展商手册内第 4.3 部分之《展区及标准展位参展商须知》：

请√表示同意以下事项。

☐

我司已阅读和同意遵守参展商手册内第 4.3 部分之《展区及标准展位参展商须知》的所有条款。本表格一经提交，即构成我司（包括本公司的所有人员、员工、指定承建商、客户、供货商以及任何其他相关第三方）的有效法定义务，对我司产生约束力，其各项条款和条件均对我司具有强制执行力。

请注意：

未能在截止日期或之前回复本承诺书应被视为参展商拒绝作出相关承诺，任何由此产生的争议或责任将由参展商自行处理及承担，主办单位亦有权取消参展商的参展资格。

公司名称：_____ 展位号码：_____

联系人：_____ 职衔：_____

电话：_____ 传真：_____ 电邮：_____

签名：_____ 日期：_____