

**REGISTRATION FORM: «EXHIBITOR INFORMATION»****EXHIBITING COMPANY**

Company Name:		N.I.F.:	
Address:		Town:	Country:
Post Code:	Telephone:	Fax:	E-mail:
Web:		Year company was founded:	
Name of person to contact:		Post:	
Activity carried out by company:			
Commercial name of company:		Brands:	
Previous participation in Galáctica: Yes <input type="checkbox"/> No <input type="checkbox"/>		Participation in others inventors fairs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Authorisation for Galáctica 2006 to supply information about you to media: Yes <input type="checkbox"/> No <input type="checkbox"/>			

**INDIVIDUAL EXHIBITOR**

First Name:		Surname:	
Address:		Town:	Country:
Post Code:	Telephone:	Fax:	E-mail:
Web:		N.I.F.:	
Date of birth:		Occupation:	
Do you belong to any inventors association? Yes <input type="checkbox"/> No <input type="checkbox"/> Which?			
Previous participation in Galáctica: Yes <input type="checkbox"/> No <input type="checkbox"/>		Participation in others inventors fairs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Authorisation for Galáctica 2006 to supply information about you to media: Yes <input type="checkbox"/> No <input type="checkbox"/>			

**INNOVATIONS TO BE PRESENTED AT GALÁCTICA 2006**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Exhibiting company \_\_\_\_\_  
 Company stamp and signature of representative

Individual exhibitor \_\_\_\_\_  
 Signature of exhibitor

Date: \_\_\_\_\_