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Website: www.golimpopo.com

Enq: Ms. Fulufhelo Simerone
Date:14 February 2025
Ref: 11/28

APPLICATION FORM

NAME OF EVENT/SHOW/EXHIBITION

WTM AFRICA
09TH -11TH April 2025

Please take note to adhere to the information and the deadlines provided below at the end of this form:

Company name:

_____

VAT NUMBER: _____

Exhibitor (Exhibiting as):

Industry description (eg. Accommodation, Restaurant, Tour Operator, Attraction, etc)

_____

Grading/Accreditation: _____

Region and Town: _____

Type of registration (eg: Cc, Pty,Ltd, etc): _____

30 word description of product or service (for marketing purposes): _____

_____

_____

_____

Contact Person:_____**Designation:** _____

_____Code: _____

Tel:_____Fax: _____

Cell:_____Email:_____

Website: _____

Gender	
Youth	

SERVICES INCLUDED

SPACE	YES
PRINTING OF FASCIA AND GRAPHICS	YES

EXHIBITOR

_____ _____ _____

Signature day of Month

Please take note of the following:

- We need to receive stand graphics in high resolution, PDF, Freehand, Corel format (pictures, logos and wordings) ofwhat you need displayed at your stand two weeks prior exhibition/show date.
- Confirmation of participation should be forwarded to us on or before the 28th February 2025 to Ms. FulufheloSimerone at fulufhelos@golimpopo.com
- Once the exhibitor confirms participation, LTA will load them on the Africa Travel Indaba website for registration as a sharing exhibitor, username and password will be provided by Reeds Exhibitions team.
- Confirmed exhibitors will be responsible to complete their own sharing exhibitor application form on the WTM Africa website.
- Should you need any additional information kindly contact Ms. Fulufhelo Simerone @ 076 402 3051.
- Failure to adhere to the above details shall be deemed as none participation.

FOR ANY OTHER SPECIAL REQUIREMENTS PLEASE MAKE USE OF THE SPACE PROVIDED BELOW:

_____

_____

_____

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