

**A APPLICATION FORM** send to info@oliocapitale.it

**1. DATA FOR CONTRACT HEADING AND INVOICING**

Company \_\_\_\_\_ VAT number / fiscal code \_\_\_\_\_  
 Address \_\_\_\_\_ ZIP code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax \_\_\_\_\_

**2. EXHIBITOR'S DATA**

Company \_\_\_\_\_ VAT number / fiscal code \_\_\_\_\_  
 Address \_\_\_\_\_ ZIP code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_ www \_\_\_\_\_  
 Contact person \_\_\_\_\_ Position \_\_\_\_\_  
 tel. \_\_\_\_\_ mob. \_\_\_\_\_ e-mail \_\_\_\_\_

**3. PRODUCTS DISPLAYED**

1. Tick box as required:  extra-virgin olive oil table olives  services specialist press / media  spices or dressings other

2. Product description: \_\_\_\_\_

**4. REQUEST FOR EXHIBITION AREA**

- **REGISTRATION FEE** includes: listing in on-line catalogue, advertising taxes, exhibitor badges (1 each 3 sqm, 8 max), free subscription to 12<sup>th</sup> Olio Capitale Competition, meetings with buyers, insurance coverage as per general rules and regulations.
- **SPACE ONLY** (minimum 36smq) **no** perimeter panels, **no** electrical plant. Subject to **booth project approval**.
- **SHELL SCHEME BOOTH** includes perimeter walls, carpeting, lighting, electrical socket, booth identification sign, closet 1mx1m, 2 chairs, 1 table.

A	REGISTRATION FEE	PRICE	TICK BOX	TOT A
	1. Contract holder	€ 190,00	<input type="checkbox"/>	
	2. For any additional co-exhibitor sharing booth with contract holder (max 2 exhibitors for any 12sqm):	€ 110,00	N° _____	€ _____
B	TIPOLOGY	PRICE	AREA	TOT B
	space only* (minimum 36sqm)	€ 120,00 / sqm	sqm: _____	
	9sqm shell scheme booth	€ 1.460,00 / per module	number of 9sqm modules: _____	€ _____
	12sqm shell scheme booth	€ 1.890,00 / per module	number of 12sqm modules: _____	
C	ACCESSORIES	PREICE	QUANTITY	TOT C
	Lighted showcase	€ 180,00 / each	N° _____	€ _____
	Booth cleaning	€ 4,50 / sqm	sqm : _____	€ _____
<b>TOTAL = A+B+C =</b>			<b>€ _____ + VAT</b>	

**NB:** \* Requests for naked space can be accepted only with booth project previous approval. Cost for electricity link up of exhibitor's certified electrical plant: € 40 + VAT. - Companies are kindly requested to send company profile or presentation brochure.

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\_\_\_\_\_ Place and date

\_\_\_\_\_ Stamp and Signature

B

**DATA FOR ONLINE CATALOGUE and CO-EXHIBITORS REGISTRATION**  
email to info@oliocapitale.it

**>> EXHIBITORS DATA** (TYPE OR WRITE IN BLOCK CAPITAL LETTERS)

Company Name \_\_\_\_\_ VAT number / fiscal code \_\_\_\_\_  
Address \_\_\_\_\_ n. \_\_\_\_\_ ZIP \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail \_\_\_\_\_ www \_\_\_\_\_

**>> EXTRA VIRGIN OLIVE OIL:**

Production in liters \_\_\_\_\_ Number of labels on show: \_\_\_\_\_

Category of olive oil intensity:      Light       Medium       Intense   
Olive oil:      Organic       PDO Certified       PGI Certified       Flavored olive oils

Type of olive \_\_\_\_\_

**>> TABLE OLIVE:**

Type of table olive: \_\_\_\_\_

**>> VINAGRE, SALT, SPICES, OTHER:**

Additional notes:  
CO-EXHIBITORS:

Fill in carefully with your co-exhibitors data for the online catalogue and insurance coverage  
Companies present in the booth of the direct exhibitor with their own staff and products/services

**>> CO-EXHIBITOR** (TYPE OR WRITE IN BLOCK CAPITAL LETTERS)

Company Name \_\_\_\_\_ VAT number / fiscal code \_\_\_\_\_  
Address \_\_\_\_\_ n. \_\_\_\_\_ ZIP \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail \_\_\_\_\_ www \_\_\_\_\_

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Type of olive \_\_\_\_\_

**>> TABLE OLIVE:**

Type of table olive: \_\_\_\_\_

**>> VINAGRE, SALT, SPICES, OTHER:**



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Company Name \_\_\_\_\_ VAT number / fiscal code \_\_\_\_\_  
Address \_\_\_\_\_ n. \_\_\_\_\_ ZIP \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail \_\_\_\_\_ www \_\_\_\_\_

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Type of olive \_\_\_\_\_

>> TABLE OLIVE:

Type of table olive: \_\_\_\_\_

>> VINAGRE, SALT, SPICES, OTHER:

\_\_\_\_\_

>> **CO-EXHIBITOR** (TYPE OR WRITE IN BLOCK CAPITAL LETTERS)

Company Name \_\_\_\_\_ VAT number / fiscal code \_\_\_\_\_  
Address \_\_\_\_\_ n. \_\_\_\_\_ ZIP \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail \_\_\_\_\_ www \_\_\_\_\_

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>> TABLE OLIVE:

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>> VINAGRE, SALT, SPICES, OTHER:

\_\_\_\_\_

The Organizer is not liable for errors or omissions in the Official Expo Catalogue.

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\_\_\_\_\_

Luogo e data

\_\_\_\_\_

Timbro e Firma



**ARIES**  
**VENEZIA GIULIA**

**ARIES - Società consortile a r.l. della Camera di Commercio Venezia Giulia**  
Piazza della Borsa 14 - 34121 Trieste - I - CF e P.IVA IT01312720327  
tel. +39.040.6701361 - fax +39.040.365001 - info@oliocapitale.it - www.oliocapitale.it  
IBAN: IT22D0533602207000040882932- BIC - SWIFT BPPNIT2P171

**C EXHIBITORS COMPANY PROFILE for business meetings with buyers**  
 email to info@oliocapitale.it

**FILL IN ALL FIELDS**

For collective booths, please fill in this form for each company booking meetings.  
 Meetings will be scheduled upon buyers requests. Agenda of meetings cannot be granted.  
 Forms received after 18 February 2019 will not be considered.

COMPANY NAME	_____					
ADDRESS	_____			n. _____	ZIP _____	
CITY	_____			COUNTRY _____		
CONTRACT HOLDER (if collective participation)	_____					
CONTACT PERSON AND POSITION	_____			MOBILE _____		
LANGUAGES	ITALIAN	ENGLISH	GERMAN	OTHER:	_____	
TEL.	_____			Fax _____		
E-MAIL	_____			www _____		
FIELD OF ACTIVITY:	_____					
KIND OF PRODUCT:	1. OLIVE OIL:	ORGANIC	NOT ORGANIC	PDO CERTIFIED	PGI CERTIFIED	FLAVOURED
	2. QUANTITY OF OLIVE OIL PRODUCED PER YEAR:	_____ liters				
	3. AWARDS RECEIVED, IF ANY:	_____				
	3. OTHER PRODUCTS:	<input type="checkbox"/> OLIVES	<input type="checkbox"/> IN OILS	<input type="checkbox"/> VINAGRE	<input type="checkbox"/> SALT	<input type="checkbox"/> SPICES
		<input type="checkbox"/> OTHER: _____				
ALREADY EXPORTING IN FOREIGN MARKETS:	YES	NO	IF YES:	- WHICH COUNTRIES: _____		
	- THOROUGH WICH DISTRIBUTION CHANNELS: _____					
	- FOREIGN MARKETS WHERE YOU HAVE EXCLUSIVE REPRESENTATIVES: _____					
HAVE YOU GOT CERTIFICATES NECESSARY TO EXPORT IN EXTRA EU MARKETS?	YES	NO				
WHICH FOREIGN <u>DISTRIBUTION CHANNELS</u> ARE YOU INTERESTED IN:						
<input type="checkbox"/> IMPORTERS	<input type="checkbox"/> DISTRIBUTORS	<input type="checkbox"/> RETAILERS	<input type="checkbox"/> MASS RETAILERS	<input type="checkbox"/> HOTEL/RESTAURANTS		
WHICH <u>END CUSTOMERS</u> IS YOUR PRODUCT ADDRESSED TO:						
WHOLESALE PRICE OF YOUR EVO OIL						
IN CASE OF MORE LABELS INDICATE MINIMUM AND MAX PRICE:	FROM € _____/PER LITRE	TO € _____/PER LITRE				

Place and date

Stamp and Signature



**Fill in and send it back to info@oliocapitale.it**  
**BEFORE 18 FEBRUARY 2019**

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