



CAREER EXPO EXHIBITOR'S CONTRACT

Document No: FM-IP-02-03

Effective Date: January 20, 2020

Date of Application: _____

ICEP reserves the right to accept exhibitors up to the last day of application or until slots are still available. This serves as a CONFIRMATION to the _____ leg of Mapua Career Expo _____ upon ACKNOWLEDGEMENT from Office of International Career and Exchange Programs.

TAX IDENTIFICATION NO.

_____-_____-_____-

COMPANY NAME: _____

(Print or type as you want it to appear on the Official Receipt)

Business Address: _____

Type of Industry: _____

Website: _____

CONTACT DETAILS

Contact Person: _____

Position: _____

Telephone Number: _____

Mobile No.: _____

Generic Email Address: (if any) _____

VAT REGISTRATION

☐ VAT

☐ Non-VAT

☐ VAT Exempt

WITHHOLDING AGENT?

☐ YES

☐ NO

PACKAGES

☐ CARDINAL

Four (4) Legs

☐ PLATINUM

Two (2) Legs

☐ GOLD

One (1) Leg

☐ SILVER

One (1) Leg

LOGISTICS

COMPANY REPRESENTATIVES:

Name: **1** _____ **2** _____ **3** _____

Position: _____

Mobile No.: _____

Email: _____

MATERIALS/EQUIPMENTS:

(List for Ingress)

QUANTITY	ITEM	DESCRIPTION

Note: All information shall be used by the University for legitimate purposes specifically for registration for the Career Expo program, and shall be processed only by authorized personnel in accordance with the Data Privacy Policy of the University.

AUTHORIZED REPRESENTATIVE:

Signature over printed name

Date

FOR ICEP ONLY

MODE OF PAYMENT

☐ Cash

☐ Check

Amount: _____

Date of Payment: _____

OR No: _____

Remarks: _____

Receipt No: _____

No. Registrants: _____