

EXHIBITION REGISTRATION FORM

29 SEPTEMBER - 03 OCTOBER 2026



Tel: +264-61224748
 Email: info@wssnam.org
www.windhoek.show

A) STAKEHOLDER PARTICULARS							
COMPANY / INDIVIDUAL to be invoiced:	Telephone:						
Contact person full name:	Mobile number:						
Address, P.O.Box:	E-mail:						
City/Town:	Website:						
Country:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">FOR OFFICIAL USE ONLY:</td> <td style="width: 50%; border: none;">CUST. NO</td> </tr> <tr> <td style="border: none;">INVOICE:</td> <td style="border: none;">Receipt:</td> </tr> <tr> <td style="border: none;">PO Nr:</td> <td style="border: none;"></td> </tr> </table>	FOR OFFICIAL USE ONLY:	CUST. NO	INVOICE:	Receipt:	PO Nr:	
FOR OFFICIAL USE ONLY:	CUST. NO						
INVOICE:	Receipt:						
PO Nr:							
B) EXHIBITION PARTICULARS							
<i>In the following Section, please tick the relevant Boxes</i> <input type="checkbox"/>							
CLASSIFICATION OF EXHIBIT AND PRODUCT DESCRIPTION							
<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICES <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> PROCESSING <input type="checkbox"/> OTHER							
<i>and briefly mention your exhibition product(s)/service(s)</i>							
Product/Service: _____							
Show specials _____							
ATTACH: Photos, brochures etc to support your application							
C) EXHIBITION SPACE REQUIREMENTS	FOR OFFICIAL USE ONLY						
<i>Please tick the relevant Boxes</i>	<i>Please tick the relevant Boxes</i>						
<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR						
<input type="checkbox"/> Paved	<input type="checkbox"/> Unpaved						
<input type="checkbox"/> Water connection	<input type="checkbox"/> Others						
<input type="checkbox"/> 3-phase Power							
<input type="checkbox"/> Attached Office							
1 CUSTOM BUILT STAND							
<u>NAME OF INDEPENDENT SERVICE PROVIDER</u>							
<u>CONTACT PERS</u>							
<u>CELL NO</u>							
2 WSS SHELL SCHEME STAND (min 3m x 3m = 9 sqm)							
Area: <u> </u> m X <u> </u> m = <u> </u> sqm							
<input type="checkbox"/> Octanorm Panel Walls							
<input type="checkbox"/> Carpets							
<input type="checkbox"/> Fascia board							
<u>NAME WILL BE PRINTED AS WRITTEN HERE</u>							
D) AUXILLIARY REQUIREMENTS	<i>Please tick the relevant Boxes</i>						
<input type="checkbox"/> Additional Fascia Name Board(s)	<input type="checkbox"/> Complimentary Tickets						
<input type="checkbox"/> Delivery Pass	<input type="checkbox"/> Parking Pass (for exceptional reasons)						
<input type="checkbox"/> Conference facility for presentation	<input type="checkbox"/> Overnight Outdoor Security						
The submission of this duly signed Registration Form incorporates also that you have read and accepted the WALSS2026 General Terms and Conditions (GTC) and House Rules as a binding agreement applicable to the WALSS2026 Event.							
Signature / Company stamp	Place & Date						

ESTEEMED APPLICANT

SHOULD YOU HAVE ANY SPECIAL REQUESTS FROM YOUR SIDE PLEASE SHARE THESE MATTERS WITH US DURING THE COURSE OF THE REGISTRATION PROCESS TO ALLOW US TO GIVE CONSIDERATION TO THESE MATTERS AND A CHANCE TO INFORM YOU TIMEOUSLY WHETHER WE ARE ABLE TO FULFILL YOUR EXPECTATIONS