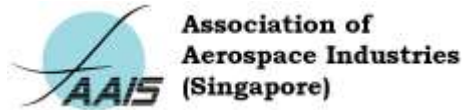


AEROSPACE BUSINESS MISSION TO MEXICO 2010

Organised by:



PARTICIPATION AGREEMENT FOR MISSION

To be completed and returned by **12 Feb 2010** to:

ASSOCIATION OF AEROSPACE INDUSTRIES (SINGAPORE)
(hereinafter referred to as "AAIS")

Attn: Mr Vinnce Wu
Tel: 6787 5227
Email: vinnce@aais.org.sg
Fax: 6783 9129

1. **Name of Company:** _____

Address: _____
(hereinafter referred to as "the Participant")

. **The Participant agrees** that the following documents shall form part of the Participation Agreement and further agrees to the terms and conditions contained therein:-

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(a) Participant's Data Form (Annex A);

3. **In applying for participation at the Mission**, the Participant agrees that the organisers reserve the right to select participants for the Mission, assign space and/or determine items to be promoted during the Mission. The Participant further agrees that in the event it is not selected to participate in the Mission, the organisers are not obliged to give any reasons for the non-selection.

4. **Agreed by/on behalf of the Participant:**

Signature	Name & Title (Type & Print)	Date	Company's Stamp

PARTICIPANT'S DATA FORM

(To be submitted together with the Participation Agreement Form)

1. Name of Company*: _____

2. Full Address*: _____

3. Telephone*: (65) _____

Fax*: (65) _____

Email*: _____

URL*: _____

4 Products/Services Offered*:

(For publication in mission brochure. Not exceeding 100 words. Should contain a brief profile of your company, the types of products/services offered, key strengths and overseas markets of your company and products/services. IE SINGAPORE reserves the right to edit the text for the publicity materials without consulting you if the number of words submitted exceed the word limit.)

(Please ensure accuracy of the text.)

6. Wish to Meet*:

(eg. distributors, agents, manufacturers, retailers, etc.)

7. Participant's Representative at the Mission:

Name*: _____

Name*: _____

Designation*: _____

Designation*: _____

Mobile no. during the mission: _____

Mobile no. during the mission: _____

8. Person in charge of arrangements for the Mission:

Name: _____

Designation: _____

Email: _____

Phone number: _____

Invoicing Details:

To: _____

Dept: _____

Mailing Address: _____

Email: _____

Fax: _____

Tel: _____