



REGISTER PARTICIPATION FORM

Please complete this form and email a copy to info@ciswinternational.com

Please fill in ALL fields

Your information is handled with complete confidence and will not be disclosed to any third party

CISW CANN FESTIVAL INTERNATIONAL is jointly organized by: CISW Internayional Co., LTD.

For additional information, please contact us at +66 20065007

COMPANY INFORMATION

DATE OF REGISTRATION

NAME:

/ /

ADDRESS:

CITY:

COUNTRY:

TELEPHONE:

FAX:

COMPANY URL:

COMPANY REPRESENTATIVE

TITLE:

FIRST NAME:

LAST NAME:

POSITION:

EMAIL:

MOBILE PHONE:

COMPANY PROFILE

- Please briefly describe your business

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.....

business sector

<input type="checkbox"/> Retail Store	<input type="checkbox"/> Distributor / Agent	<input type="checkbox"/> Trading Company
<input type="checkbox"/> Department Store	<input type="checkbox"/> Importer / Exporter	<input type="checkbox"/> Online Retail
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Medical & Wellness	<input type="checkbox"/> Cannabis Farm
<input type="checkbox"/> Cosmetic	<input type="checkbox"/> Machinery	<input type="checkbox"/> Other.

CISW CANN FESTIVAL INTERNATIONAL (THAILAND)

7-10 SEPTEMBER 2023, IN PATTAYA, THAILAND



POSITIONING

MASS MARKET

MIDDLE MASS MARKET

PREMIUM MARKET

COUNTRIES OF ACTIVITY:

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REGIONS OF IMPORT

EUROPE

THAILAND

OTHER

.....

.....

.....

PRODUCTS / SERVICES OF INTEREST

BEAUTY & COSMETIC

MAKE UP ACCESSORIES

HAIR CARE

BODY CARE

SKINCARE

WELLNESS PRODUCTS

PERSONAL CARE

NATURAL & ORGANIC PRODUCT

TRAINING INSTITUTES

HEALTH FOOD PRODUCTS

OEM & PACKAGING

TOOLS OF TRADE

HERBAL REMEDIES

PROCESSING EQUIPMENT

COLOR COSMETICS

RESEARCH & LABORATORY

MEDICAL EQUIPMENT

SPA PRODUCTS

AROMATHERAPY

SPA EQUIPMENT

TRAINING INSTITUTES

OTHERS.

PURCHASING BUDGET

Booths Corner 30,000 THB

Booth 25,000 THB

*30% deposit of the total price

I agree to participate in the CISW CANN FESTIVAL INTERNATIONAL 2023 as a VIP buyer

In case of impediment, I agree to be represented by another party with an equivalent or higher position

Register Signature

Name _____

Date _____

Officer Signature

Name _____

Date _____