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All * are mandatory to be filled

Company Information

In this part, please enter the information for Main Exhibitor. This company name will be displayed on the Fascia name, Exhibitor List, and marketing communication list.

If you're an agent completing this form on behalf of your client, be sure to enter your client's email address in this section. Do not use your agency's email address when filling out this part. Please go to the section 'Authorized External Operational Agent' and add the agent details here, including a clear request for the agent to handle payments."

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Please enter the correct company name of the issuing company (name, spelling and legal form) here. This serves as the basis for invoicing. If you wish to have a different invoice recipient, please enter this under "Billing address (differing address only)". If the different invoice recipient should have a different company address and a different company name, please contact us.

Registered company address

Company name *

Department

Department (for invoices)

Country / Region *

Postal code * Town *

Street * Number *

P.O. Box zip P.O. Box

Customer-, invoicing-, or order-number

Email

Phone

Country code Area code Number

Homepage

Homepage *

E-Billing

Please note the information concerning e-billing and click here: [e-billing information-EN.pdf](#).

Selected Yes, I/we would like to participate in electronic invoicing and agree that the invoice will be sent in PDF format. The invoices should be sent to the e-billing e-mail address specified below.

Select No, I / we do not want to participate in electronic invoicing in PDF format and receive the invoices by post.

If possible, this e-mail-address should be a non-personalized e-mail-address of your accounts department and be accessible to all staff of your accounts department who will be processing invoices of Messe München GmbH.

e-billing-e-mail-address

accounting@company.com *

Please confirm the entry of the e-billing-e-mail-address

accounting@company.com *

Bill delivery (only refers to delivery by mail)

If the invoices (admission invoice and final invoice) are to be sent to another address for processing purposes, please contact the project team. They will send you a form in which you can specify the address to which the invoices should be sent to. Attention: A change of the contracting party and the invoice debtor is not associated with this.

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Customer-type *

Multiple answers/choice possible

- Manufacturer
- Dealer
- Distributor with exclusive selling rights for Germany
- Service company
- Association/Consulting agency
- Importer
- Supplier
- Agency
- OEM

Response required. Please select your corporate status: *

- Select

Applicants who are domiciled in **Germany** or in the **European Union**.
The applicant is a **company** which, independently, carries out any economic activity for the purpose of earning a sustainable income (Art. 9 MwStSystRL - Directive on value-added tax) or a **legal entity** which does not or does not exclusively carry out any economic activity. The applicant hereby declares that he/she obtains the services of Messe München GmbH for his/her company, or that he/she is a legal entity for which a VAT ID has been issued.
- Select

Applicants who are domiciled in a country **outside the European Union**.
The applicant is a **company** which, independently, carries out any economic activity for the purpose of earning a sustainable income (Art. 9 MwStSystRL). The applicant hereby declares that he/she obtains the services of Messe München GmbH for his/her company.
- Select

Applicants who are **foreign government authorities/agencies** (ministries, embassies, consulates, regional corporations, public administration) and who carry out any sovereign and economic activity (Art. 9 MwStSystRL). The applicant hereby declares that he/she is a **legal entity** under public law or one of his/her (legally dependent) organizational units and that the services of Messe München GmbH are not exclusively intended for the private requirements of the staff or a partner.
- Select

None of the above declarations applies. In this case Messe München GmbH will invoice its services plus German value-added tax at the statutory rate, even if the applicant is domiciled abroad.

Comments & Suggestions

In this comment box, please add information:

1. If you are SEMI Member and if yes, what is your SEMI Member ID?
2. Your preferred booth sizes (in sqm)
3. Your preferred booth numbers

If you reserved your booth prior to completing this form, please specify the booth size and booth number as stated in your reservation confirmation.

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Comments & Suggestions

*

Please enter the following data: 1. Are you a SEMI member? (Yes/No), 2. Please enter your preferred booth size in square meters, 3. Please enter the booth number you prefer. If you have multiple preferences, specify them in order (e.g., "C1713, C1715")

Limited to 255 characters

Authorized Employee Representative

An employee of the exhibiting company formally granted signature authority to enter into agreements binding the Company.

(e.g., the individual identified in the company's authorized signatory records)

Company Information	- Authorized Employee Representative	
Comments & Suggestions		
Authorized Employee Representative	Salutation <input type="text"/> Salutation Title <input type="text"/>	
Billing address (differing address only)	Academic Degree <input type="text"/> Limited to 128 characters	
Primary Operational Contact Person	First name <input type="text"/> Last name <input type="text"/>	
Authorized External Operational Agent	Hierarchy <input type="text"/>	
Coexhibitor	Workspace <input type="text"/>	
Participation opportunities	Title Businesscard <input type="text"/> Limited to 60 characters	
participation opportunity	Company Specific Department <input type="text"/> Limited to 80 characters	
Focal Area	Email (personalized) <input type="text"/>	
Attachments	Phone	
Terms and Conditions	Country code <input type="text"/> Area code <input type="text"/> Number <input type="text"/>	
	Mobile phone	
	Country code <input type="text"/> Area code <input type="text"/> Number <input type="text"/>	
	Fax	
	Country code <input type="text"/> Area code <input type="text"/> Number <input type="text"/>	

Billing address (differing address only)

If your payment will be settled by a different company name or address, please select the “Different Invoice Recipient” option.

Company Information	– Billing address (differing address only)
Comments & Suggestions	
Authorized Employee Representative	
Billing address (differing address only)	The invoices of Messe München GmbH will be issued automatically to the specified company name and company address. If you want a different address on the invoice, please enter it here. Exhibitor may only be the company listed under "Company Information".
Primary Operational Contact Person	
Authorized External Operational Agent	
Coexhibitor	
Participation opportunities	
participation opportunity	
Focal Area	
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Terms and Conditions	

Company		
Department (for invoices)		
Country / Region <input type="text"/>		
Postal code *	Town *	
Street *	Number	
P.O. Box zip	P.O. Box	
Salutation <input type="text"/>	Salutation Title <input type="text"/>	
Academic Degree <input type="text"/> Limited to 128 characters		
First name <input type="text"/>	Last name <input type="text"/>	
Hierarchy <input type="text"/>		
Workspace <input type="text"/>		
Title Businesscard <input type="text"/> Limited to 60 characters		
Company Specific Department <input type="text"/> Limited to 80 characters		
Email (personalized) <input type="text"/>		
Phone		
Country code <input type="text"/>	Area code <input type="text"/>	Number <input type="text"/>
Mobile phone		
Country code <input type="text"/>	Area code <input type="text"/>	Number <input type="text"/>

Different invoice recipient

Primary Operational Contact Person

The employee of the exhibiting company designated the main operational point of contact.

Company Information	- Primary Operational Contact Person		
Comments & Suggestions	Salutation *	Salutation Title *	
Authorized Employee Representative	Academic Degree <small>Limited to 128 characters</small>		
Billing address (differing address only)	First name *	Last name *	
Primary Operational Contact Person	Hierarchy ▾		
Authorized External Operational Agent	Workspace ▾		
Coexhibitor	Title Businesscard <small>Limited to 60 characters</small>		
Participation opportunities	Company Specific Department <small>Limited to 80 characters</small>		
participation opportunity	Email (personalized) *		
Focal Area	Phone		
Attachments	Country code	Area code	Number
Terms and Conditions	Mobile phone		
	Country code	Area code	Number

Authorized External Operational Agent

This section refers to exhibitors who use an agency to manage their booth booking, including communication with the SEMICON Europa team.

An external agent appointed by the exhibitor to handle operational matters on its behalf. A formal power of attorney, a Different Invoice Recipient, must be submitted after registration.

If you're not working with an agent, you can disregard this part. However, if you are using an agent, you must complete this section.

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An external agent appointed by the exhibitor to handle operational matters on its behalf. A formal power of attorney must be submitted after registration.

Company

Country / Region

Postal code * Town *

Street * Number

P.O. Box zip P.O. Box

Salutation Salutation Title

Academic Degree Limited to 128 characters

First name Last name

Hierarchy

Workspace

Title Businesscard Limited to 60 characters

Company Specific Department Limited to 80 characters

Email (personalized)

Phone

Country code Area code Number

Mobile phone

Country code Area code Number

Fax

Country code Area code Number

Coexhibitor

For clarification, you may enter "0" if you are unsure at this stage. You will still have the option to register a co-exhibitor later, even if you select 0 now.

If you wish to register co-exhibitors, please use the link provided in your registration confirmation email, which will be sent to you upon completion of the registration process.

Company Information	— Coexhibitor
Comments & Suggestions	Even if you do not want to submit an application for any co-exhibitors for your booth now, you need to specify the correspondence and invoicing recipient in case you want to do so at later date.
Authorized Employee Representative	
Billing address (differing address only)	
Primary Operational Contact Person	How many Co-exhibitors (with staff) will be present? <input type="text"/> *
Authorized External Operational Agent	Please choose the recipient of the final invoice for co-exhibiting companies (binding information for final invoice):
Coexhibitor	<input type="button" value="Select"/> The final invoices for co-exhibiting companies should be sent to the billing address of the main exhibitor. (Services for co-exhibiting companies will be ordered in the name of the main exhibitor.)
Participation opportunities	<input type="button" value="Select"/> Final invoices for the co-exhibiting companies go to the billing addresses of the co-exhibiting companies. The billing address for co-exhibitors is entered as part of the application process for co-exhibitors. (Service orders for co-exhibiting companies will be placed in their own name.)
participation opportunity	
Focal Area	
Attachments	Please choose the recipient of correspondence:
Terms and Conditions	<input type="button" value="Select"/> Correspondence about matters concerning the co-exhibitors should be sent to the main exhibitor.
	<input type="button" value="Select"/> Correspondence about matters concerning the co-exhibitors should be sent directly to the co-exhibiting companies. The correspondence address is retrieved in connection with the co-exhibitor registration.

Participation Opportunities

You would need to select a **booth type** in this section. Please refer to the Reservation Confirmation, which booth to select.

- Participation opportunities
- participation opportunity
- + SEMI Member: SEMI membership must be active throughout the year
- + Non - SEMI Member

- Participation opportunities
- participation opportunity
- SEMI Member: SEMI membership must be active throughout the year

Choose booth type:

Select	Member - Raw Space 338 € / m ² Member - Raw Space 338 € / m ² Front: 3m - 30m Depth: 3m - 30m Price: EUR 338.00 / m ²
Select	Cluster Raw Space 305 € / m ² Cluster Raw Space 305 € / m ² Front: 3m - 30m Depth: 3m - 30m Price: EUR 305.00 / m ²
Select	Member - Booth Package (9 m ² only, one side open only) 7.830 € / package Member - Booth Package (9 m ² only, one side open only) 7.830 € / package Front: 3m Depth: 3m

- Participation opportunities
- participation opportunity
- + SEMI Member: SEMI membership must be active throughout the year
- Non - SEMI Member

Choose booth type:

Select	Non-member - Raw Space 495 € / m ² Non-member - Raw Space 495 € / m ² Front: 3m - 30m Depth: 3m - 30m Price: EUR 495.00 / m ²
Select	Non-member - Booth Package (9 m ² only, one side open only) 9.000 € / package Non-member - Booth Package (9 m ² only, one side open only) 9.000 € / package Front: 3m Depth: 3m

Your choice

Booth type:	Front (m):	x	Depth (m):	=	Total space (m ²)	Total price [€]
Member - Raw Space 338 € / m ²	<input type="text" value="3m - 30m"/>	x	<input type="text" value="3m - 30m"/>	=	<input type="text" value="9m<sup>2</sup> - 900m<sup>2</sup>"/>	<input type="text"/>

Please enter depth, width and area (required) as integer numbers (e.g. 5). Please don't use thousands (,) separators. Please also take eventually necessary minimum and maximum dimensions into account.

Please note the following additional charges:

Raw Space booths are delivered without construction or partition walls. Exhibitors are solely responsible for all booth construction and services.

Mandatory communication fee 1.150 €, AUMA fee 0.60 €/ sqm, advance deposit payment for services 20€/ sqm, flat rate waste disposal fee 8 €/ sqm, and statutory VAT as outlined in the [Terms of Participation B](#)

The fees mentioned above are already included in the booth package prices.

The price quoted is a non-binding cost estimate based on the m² data.

Special needs or comments

Limited to 255 characters

Focal Area & T&C

Please tick these two boxes and then click “Create”.

- Focal Area

[Expand all](#) | [Collapse all](#)

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- Attachments

The maximum file size is 20 MB with a maximum amount of 5 files.
The allowed file extensions: PDF, JPG, JPEG, PNG, TXT.

- Terms and Conditions

* I agree with the Participation Terms and Conditions as well as the Guidelines are recognized as legally binding in all parts.

- General-Terms-of-Participation-A.pdf
- SEMICON26_Application_SpecialTerms_E.pdf
- MM25-Technical-Guidelines.pdf

Detailed information regarding the processing of your person-related data can be found in our [privacy policy](#).

After you click “Create”, you would need to click “Submit” on the next page.