

STREAMING & CONNECTIVITY HUB REGISTRATION

EXHIBITION AND CONFERENCE FOR BROADBAND, MEDIA & CONNECTIVITY

19–21 May 2026

Cologne/Fairgrounds

www.angacom.de

Please return to
info@angacom.de



Exhibitor

Company / Institution

Street, Number / P.O. Box

Postal Code, City

Country

Website

VAT Number

Contact Person Mr Ms divers (Title, First Name, Name)

Email Contact Person

Telephone Contact Person

Please send invoices only by email to the following address: _____

Please issue invoices with the following purchase order (PO) number: _____

Invoice Address (if different from above)

Company / Institution

Contact Person Mr Ms divers

Street, Number / P.O. Box

Postal Code, City, Country

Email Contact Person

Product Category Multiple selection possible

- | | |
|---|--|
| <input type="checkbox"/> 01. Fiber Optic Technology | <input type="checkbox"/> 11. OTT/AppTV |
| <input type="checkbox"/> 02. Cable Technology | <input type="checkbox"/> 12. Content Provider |
| <input type="checkbox"/> 03. System Integrator | <input type="checkbox"/> 13. Resilience/Security/Privacy |
| <input type="checkbox"/> 04. Civil Engineering | <input type="checkbox"/> 14. Software/AI |
| <input type="checkbox"/> 05. Reception Technology | <input type="checkbox"/> 15. Consulting |
| <input type="checkbox"/> 06. Server/Router/CMTS | <input type="checkbox"/> 16. Service Provider |
| <input type="checkbox"/> 07. Measuring Instruments | <input type="checkbox"/> 17. Association/Institution |
| <input type="checkbox"/> 08. Consumer Electronics | <input type="checkbox"/> 18. Others: _____ |
| <input type="checkbox"/> 09. Smart Home | |
| <input type="checkbox"/> 10. Network Operator/
Platform Operator | Please assign yourself
to a main category: <input type="text"/> |

Hereby we apply for a Hub Station within the Streaming & Connectivity Hub.

Hub Station EUR 7,000.– (plus VAT)

We have received the complete set of **Registration Forms** as well as the **Technical Guidelines** and the complete **Terms and Conditions** of ANGA COM and acknowledge them in all points.

Name of Signatory

Place, Date



Authorized Signature