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Exhibitor (Company name): _____

We declare that the following firms (our Co-exhibitors) will be presented within the framework of our exposition.
 For each of them we will pay the Registration Fee amounting to **EUR 295**

Number of co-exhibiting firms (in the case of a larger number please fill in more forms no. 2)

Forms that can be completed on a PC can be downloaded from www.e-salon.cz

1st Co-exhibitor

Company name _____ Reg. No. _____
 Registered office* - street _____ Tax ID. No. _____
 Town _____ Postal Code _____ Country _____
 Contact person _____ Position _____
 Tel./mobil _____ E-mail _____
 Internet www. _____

2nd Co-exhibitor

Company name _____ Reg. No. _____
 Registered office* - street _____ Tax ID. No. _____
 Town _____ Postal Code _____ Country _____
 Contact person _____ Position _____
 Tel./mobil _____ E-mail _____
 Internet www. _____

3rd Co-exhibitor

Company name _____ Reg. No. _____
 Registered office* - street _____ Tax ID. No. _____
 Town _____ Postal Code _____ Country _____
 Contact person _____ Position _____
 Tel./mobil _____ E-mail _____
 Internet www. _____

4th Co-exhibitor

Company name _____ Reg. No. _____
 Registered office* - street _____ Tax ID. No. _____
 Town _____ Postal Code _____ Country _____
 Contact person _____ Position _____
 Tel./mobil _____ E-mail _____
 Internet www. _____

* For natural persons (individuals) please state the place of business.

All prices are without VAT.

I hereby confirm that I read the Business Terms and Conditions of ABF, a.s., which are an integral part of this application form, and that I understand them and agree with them. I take into account that this is a framework agreement which will be realized in steps, based on further orders made in writing or via e-mail. If the orders are issued by a third party, the original is always required.

_____ for ABF, a.s.

_____ date, signature of exhibitor, stamp /representative of the exhibitor