



Business Company: ABF, a.s.
Registered office: Beranových 667,
199 00, Prague, Czech Republic

Workplace, mailing address: Dělnická 12, 170 00, Prague, Czech Republic
Company Registration No.: 63080575, Tax Id. No.: CZ63080575
Registered by Municipal Court in Prague, Section B, File no. 3309
Bank Details: Expobank CZ a.s., Account No. 5085320021/4000
IBAN: CZ724000000005085320021, SWIFT: EXPNCZPP
Tel.: +420 225 291 129
E-mail: international@abf.cz; internet: www.forpasiv.cz, www.pvaexpo.cz

Co-exhibitor Application

FOR WOOD

PVA EXPO PRAGUE, 7-9 February 2019

Deadline for submission of orders: 16 December 2018

A

Exhibitor (Company name): _____

2

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 **CZK 4,000** (in the case of 1 to 4 co-exhibitors)

CZK 2,000 (in the case of 5 to 8 co-exhibitors)

CZK 1,500 (in the case of 9 and more co-exhibitors)

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

1st Co-exhibitor

Company name _____ Reg. No. _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Internet _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

2nd Co-exhibitor

Company name _____ Reg. No. _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Internet _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

3rd Co-exhibitor

Company name _____ Reg. No. _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Internet _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

4th Co-exhibitor

Company name _____ Reg. No. _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Internet _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

* 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