



Business Company: ABF, a.s.
Registered office: Mimoňská 645,
190 00 Prague 9 - Prosek

Company Reg. 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: forpasiv.cz, www.pvaexpo.cz

Co-exhibitor Application

FOR PASIV

PVA EXPO PRAGUE, 9-11 February 2017

Deadline for submission of orders: 16 December 2016

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)

Forms can be completed on a PC and downloaded from www.forpasiv.cz

1st Co-exhibitor

Company name _____ Reg. No. _____

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

Town _____ Postal Code _____ Country _____

Company telephone no. _____ Company e-mail address _____

Company fax no. _____ Internet _____

2nd Co-exhibitor

Company name _____ Reg. No. _____

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

Town _____ Postal Code _____ Country _____

Company telephone no. _____ Company e-mail address _____

Company fax no. _____ Internet _____

3rd Co-exhibitor

Company name _____ Reg. No. _____

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

Town _____ Postal Code _____ Country _____

Company telephone no. _____ Company e-mail address _____

Company fax no. _____ Internet _____

4th Co-exhibitor

Company name _____ Reg. No. _____

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

Town _____ Postal Code _____ Country _____

Company telephone no. _____ Company e-mail address _____

Company fax no. _____ Internet _____

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

All prices are given without VAT.

Date, signature for the Exhibitor/ Exhibitor's representative, stamp