



ADDRESS DETAILS

Please fill in case of another correspondence or invoice address.

EXHIBITOR																						
INVOICE DETAILS																						
COMPANY (full name)																						
Country	Post Code	City																				
Street / No.																						
TIN (Tax ID)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
CORRESPONDENCE ADDRESS (it concerns invoices only)																						
COMPANY (full name)																						
Country	Post Code	City																				
Street / No.																						
Tel.	E-mail																					
CORRESPONDENCE DETAILS (fair materials, confirmation, etc.)																						
COMPANY (full name)																						
Country	Post Code	City																				
Street / No.																						
Contact person																						
Tel.	E-mail																					

..... date company stamp signature and stamp of the person authorized by the Exhibitor
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