

APPLICATION FORM FOR EXHIBITORS ORDER OF SPACE

Please send this form to the Conference Secretariat **by JUNE 15, 2013**
fax: +420 224 942 575; e-mail: eac2013@cbttravel.cz

COMPANY NAME	
MAILING ADDRESS	
CITY	
COUNTRY / STATE	
CONTACT PERSON	
PHONE / FAX	
E-MAIL	
VAT NUMBER	

ORDER OF SPACE (prices given without the VAT of 21%)

- 6 sqm – 1 500 EUR** (minimum size exhibition space)
- **additional sqm x 400 EUR** **EUR** _____

TOTAL _____

PAYMENT

Upon the receipt of Application Form
June 30, 2013

50% deposit
Full payment

Date:

Signature: