

## 1 EXHIBITOR

Company / Name, Surname:		
Registered office / place of business:		
Street:		
City:		
Postcode:	Country:	
Reg. No.:	VAT No.:	
Bank:	SWIFT:	IBAN:
Phone:		
Fax:		
Http://		
E-mail address for sending electronic invoices (a compulsory item in case you dispose of an e-mail address):		
CEO:		
Person in charge of Public Relations:		
Phone:	Fax:	E-mail:
<b>Contact person and contact address of exhibitor</b>		
Name:		Address:
Phone:	Fax:	E-mail:

## 2 AGENCY (a person / a legal entity providing all aspects of trade fair participation for the exhibitor at the fair, including payment for the services provided)

Company / Name, Surname:		
Registered office / place of business:		
Street:	Postcode:	Country:
City:		http://
Phone:	Fax:	E-mail:
Reg. No.:	VAT No.:	
E-mail address for sending electronic invoices (a compulsory item in case you dispose of an e-mail address):		
CEO:		
Person in charge of Public Relations:		
Phone:	Fax:	E-mail:
<b>Contact person and contact address of agency</b>		
Name:		Address:
Phone:	Fax:	E-mail:

**BANK CONNECTION:**

CSOB, a.s., SWIFT: GIBACZPP, IČO: 00180280, IČZO: 0300, IBAN: CZ91 0300 1712 8000 0340 1803, ÚSO: 00180031/0300, IBAN CZ11 03001880 3100 0340 1803, CZK: 34018003/0300, IBAN: CZ25 0300 0000 0000 0340 1803  
UniCredit Bank Czech Republic a.s., SWIFT: BACZPP33, IČO: 2700, IBAN: CZ25 2700 0000 0047 5043 9002, ÚSO: 4750432089/2700, IBAN: CZ28 2700 0000 0047 5043 2089, CZK: 4750432011/2700, IBAN: CZ 97 2700 0000 0047 5043 2011  
Česká spořitelna, a.s., SWIFT: GIBACZPP, IČO: 3457102/0800, IBAN: CZ49 0800 0000 0000 0345 7102, ÚSO: 3457292/0800, IBAN: CZ60 0800 0000 0000 0345 7292, CZK: 3457022/0800, IBAN: CZ75 0800 0000 0000 0345 7022, PYROS-ISET 15029, INTERPROTEC 15043

**3 PRICE CONDITIONS – EXHIBITION AREA**

**Exhibition area required**

**COVERED**  sqm

**OPEN**  sqm

**Exhibition area**

up to 1. 12. 2014 after 1. 12. 2014

Covered area 2,520 CZK/sqm 2,800 CZK/sqm

Open area 1,260 CZK/sqm 1,400 CZK/sqm

**Registration fee:**

**Exhibitor/Agency** 5,000 CZK

**Co-exhibitor** 3,000 CZK

*Given prices are without VAT.*

**Additional fees for free sides:**  corner stand 10%  U-stand 15%  island stand 20%

The invoice will be issued in CZK (Czech crowns).

**PRICE CONDITIONS – PACKAGE STANDS** (The price includes the exhibition area, registration fee, stand construction, equipment, technical connections, entry passes, see *All inclusive stand packages* on [www.pyros-iset.cz](http://www.pyros-iset.cz) or [www.interprotec.cz](http://www.interprotec.cz))

Version	Size (sqm)	Price (CZK)

- We hereby make a binding request for space for a multi-storey stand construction. Price for multi-storey will be charged at a level of 50% of the price for the ground floor (see the General Conditions – Art. VI)
- Stand built by BVV Trade Fairs Brno
- Our stand contractor is:

**A2** **Special requirements for stand location** (see A4 – General Conditions for Participation, Art. II/par. 1)

**4 LIST OF PRODUCTS** (indicate code number – see [www.pyros-iset.cz](http://www.pyros-iset.cz) and [www.interprotec.cz](http://www.interprotec.cz))

Main branch

**5 LIST OF EXHIBITS** (please state solely large exhibits with an influence on the shape of the exhibition area and requiring complicated handling when brought in)

Exhibit	Length (m)	Width (m)	Height (m)	Weight (kg)	Note

**6 INFORMATION OF THE EXHIBITOR**

**Type of company:**

- Manufacturer  Trading company
- Association  Organiser of joint participation
- Part of multinational corporation

**Number of employees:**

- up to 25  26–250  over 250

*We agree without reservation with General Conditions for Participation that are an inseparable part of the Application for Participation (page A4); you can find them also on [www.pyros-iset.cz](http://www.pyros-iset.cz) and [www.interprotec.cz](http://www.interprotec.cz). With my signature I am giving permission for my personal data to be used by BVV Trade Fairs Brno in order to send their business reports and notifications by means of electronic devices.\**

Place, date

Name and surname of person authorised  
to sign on behalf of the exhibitor / agency

Stamp and signature of person authorised  
to sign on behalf of the exhibitor / agency

\* If you do not agree, cross the sentence.

**For continuation see A3**

**BANK CONNECTION:**

CSOB, a.s., SWIFT: GIBACZPP, IČO: 00180280, IČZÚ: CZ91 0300 1712 8000 0340 1803; USD: 00180031/0300, IBAN CZ11 03001880 3100 0340 1803, CZK: 34018003/0300, IBAN: CZ25 0300 0000 0000 0340 1803  
UniCredit Bank Czech Republic, a.s., SWIFT: BACI CZPP, IČO: 4750432089, IČZÚ: CZ05 2700 0000 0047 5043 9002; USD: 4750432089/2700, IBAN: CZ28 2700 0000 0047 5043 2089, CZK: 4750432011/2700, IBAN: CZ 97 2700 0000 0047 5043 2011  
Česká spořitelna, a.s., SWIFT: GIBACZPX, IČO: 3457102/0800, IBAN: CZ49 0800 0000 0000 0345 7102; USD: 3457292/0800, IBAN: CZ60 0800 0000 0000 0345 7292, CZK: 3457022/0800, IBAN: CZ75 0800 0000 0000 0345 7022, PYROS-ISET 15029, INTERPROTEC 15043

**7 CO-EXHIBITORS** (if number of co-exhibitors is higher, please copy this form)

**1. Company / Name, Surname:**

\_\_\_\_\_ Main branch  
Registered office incl. post code: \_\_\_\_\_  
\_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**List of products**

\_\_\_\_\_

(indicate code number)

**Company will be presented by**

its own staff and products

its own products only

**Manufacturer**

yes

no

**Number of employees in the company**

up to 25  26–250  over 250

**2. Company / Name, Surname:**

\_\_\_\_\_ Main branch  
Registered office incl. post code: \_\_\_\_\_  
\_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**List of products**

\_\_\_\_\_

(indicate code number)

**Company will be presented by**

its own staff and products

its own products only

**Manufacturer**

yes

no

**Number of employees in the company**

up to 25  26–250  over 250

**3. Company / Name, Surname:**

\_\_\_\_\_ Main branch  
Registered office incl. post code: \_\_\_\_\_  
\_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**List of products**

\_\_\_\_\_

(indicate code number)

**Company will be presented by**

its own staff and products

its own products only

**Manufacturer**

yes

no

**Number of employees in the company**

up to 25  26–250  over 250

**4. Company / Name, Surname:**

\_\_\_\_\_ Main branch  
Registered office incl. post code: \_\_\_\_\_  
\_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**List of products**

\_\_\_\_\_

(indicate code number)

**Company will be presented by**

its own staff and products

its own products only

**Manufacturer**

yes

no

**Number of employees in the company**

up to 25  26–250  over 250

**8 REPRESENTED COMPANIES AND BRANDS:**

1. Company: \_\_\_\_\_  
2. Company: \_\_\_\_\_  
3. Company: \_\_\_\_\_

4. Brand: \_\_\_\_\_  
5. Brand: \_\_\_\_\_  
6. Brand: \_\_\_\_\_

Place, date

Name and surname of person authorised  
to sign on behalf of the exhibitor / agency

Stamp and signature of person authorised  
to sign on behalf of the exhibitor / agency

**For continuation see A4**

