



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

Workplace, mailing address: Dálnická 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.: +420 225 291 235  
Internet: www.reklama-fair.cz, www.pvaexpo.cz

## Co-exhibitor application

### REKLAMA POLYGRAF OBALY

PVA EXPO PRAGUE, 3–5 May 2022

**Closing deadline for orders is 15 March 2022**

# 2

Exhibitor (Company name): \_\_\_\_\_

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 **EUR 250**

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

#### 1<sup>st</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Contact person \_\_\_\_\_ Position \_\_\_\_\_  
Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_  
Internet www. \_\_\_\_\_

#### 2<sup>nd</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Contact person \_\_\_\_\_ Position \_\_\_\_\_  
Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_  
Internet www. \_\_\_\_\_

#### 3<sup>rd</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Contact person \_\_\_\_\_ Position \_\_\_\_\_  
Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_  
Internet www. \_\_\_\_\_

#### 4<sup>th</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_  
Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Contact person \_\_\_\_\_ Position \_\_\_\_\_  
Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_  
Internet www. \_\_\_\_\_

\* 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