



Business Company: ABF, a.s.  
 Registered office: Beranových 667,  
 199 00 Prague 9 - Letňany, Czech Republic  
 Workplace, mailing address: Dělnická 12, 170 00, Prague, Czech Republic  
 Company ID: 63080575, VAT number: CZ63080575  
 Registered: at the CC in Prague, section B, insert 3309  
 Bank connection: Česká spořitelna, a.s., account number: 10665962/0800  
 IBAN: CZ59 0800 0000 0000 1066 5962, SWIFT: GIBACZPXXXX  
 Tel.: +420 602 229 017  
 E-mail: nosalova@abf.cz, internet: www.prago-medica.cz/en/

## Co-exhibitor application

**PRAGO MEDICA**

PVA EXPO PRAGUE, 26–28 September 2024

**Deadline for submission of orders: 15 August 2024**

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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 207** (in the case of 1 to 4 co-exhibitors)  
**EUR 126** (in the case of 5 to 8 co-exhibitors)  
**EUR 85** (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.prago-medica.cz/en/](http://www.prago-medica.cz/en/)

### 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