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 Registered: at the CC in Prague, section B, insert 3309  
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## Co-exhibitor application



PVA EXPO PRAGUE, 14–16 March 2025

**Deadline for submission of orders: 31 January 2025**

**A**

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

**2**

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)

Forms can be completed on a PC and downloaded from [www.holidayworld.cz/en/vystavovatel/](http://www.holidayworld.cz/en/vystavovatel/)

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

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_  
 Name of co-exhibitor for publishing in the trade fair catalogue \_\_\_\_\_  
 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. \_\_\_\_\_  
 Name of co-exhibitor for publishing in the trade fair catalogue \_\_\_\_\_  
 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. \_\_\_\_\_  
 Name of co-exhibitor for publishing in the trade fair catalogue \_\_\_\_\_  
 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. \_\_\_\_\_  
 Name of co-exhibitor for publishing in the trade fair catalogue \_\_\_\_\_  
 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