Forms can be completed on a PC and downloaded from www.czechbus.eu

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.: +420 225 291 232

Company name

Contact person ___

Town

Tel./mobil

E-mail: czechbus@abf.cz, internet: www.czechbus.eu, www.pvaexpo.cz

Registered office* - street ______

_____ E-mail _____

Co-exhibitor application

PVA EXPO PRAGUE, 19-21 November 2024

_ Reg. No. __

_____ Tax ID. No. _____

A

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) 1st Co-exhibitor

Internet www		
2 nd 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.		

Postal Code _____ Country ___

Position ____

3 rd Co-exhibitor		
Company name		Reg. No
Registered office* - street		Tax ID. No
Town	Postal Code	Country
Contact person	Posi	ition
Tel./mobil	E-mail	
Internet www.		

	Reg. No	
	Tax ID. No	
Postal Code	Country	
P		
E-mail		
_	Postal Code P	Tax ID. No Postal Code Country Position E-mail

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 natural persons (individuals) please state the place of business.