



Business Company: ABF, a.s.  
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 Registered: at the CC in Prague, section B, insert 3309  
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**Co-exhibitor application**

**FOR KIDS**

**PVA EXPO PRAGUE, 4.–6. October 2024**

**Closing deadline for orders is 31. August 2024**

**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 159** (in the case of 1 to 4 co-exhibitors)  
**EUR 114** (in the case of 5 to 8 co-exhibitors)  
**EUR 68** (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)

**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