

# FORM OF ASSOCIATED EXHIBITOR

THIS FORM IS INTENDED TO GET INFORMATION ON THE EXHIBITING COMPANY TO BE INCLUDED ON THE EXHIBITOR'S CATALOG WITHOUT COST

**NOTE: IF THEY ARE MORE THAN ONE COMPANY, PLEASE COPY THE FORM**

Date: \_\_\_\_\_

## DIRECT EXHIBITOR'S INFORMATION

Company	_____	
Address	_____	Zip Code _____
City	_____	Country _____
Phone	_____	Fax _____
E-mail	_____	www _____
Contact	_____	
Title	_____	Pav. / Stand _____
		sqm _____

## ASSOCIATED EXHIBITOR'S INFORMATION

Company	_____	
Adress	_____	Zip Code _____
City	_____	Country _____
Phone	_____	Fax _____
E-mail	_____	www _____
Contact	_____	
Title	_____	Pav. / Stand _____
		sqm _____

\_\_\_\_\_  
DIRECT EXHIBITOR'S REPRESENTATIVE NAME

\_\_\_\_\_  
SIGNATURE