

INDEX CARD No	HALL/STAND	REFERENCE No	DATE

1st INTERNATIONAL EXHIBITION OF PRIVATE LABEL PRODUCTS

FRIDAY 1 - SUNDAY 3 OCTOBER 2010 • HELEXPO PALACE-ATHENS-GREECE

TO BE RETURNED NO LATER THAN **30 JUNE 2010**

## APPLICATION FOR PARTICIPATION

Company title \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Web site \_\_\_\_\_ E-mail \_\_\_\_\_

Person responsible for the participation \_\_\_\_\_ Mobile \_\_\_\_\_

### PLEASE SPECIFY HOW YOUR TITLE SHOULD APPEAR

IN THE EXHIBITORS' CATALOGUE

ON YOUR STAND NAME BOARD

INDUSTRIALIST  CRAFTSMAN  REPRESENTATIVE  EDITIONS  BODY  GROUP PARTICIPATION

PLEASE MARK (X) THE CATEGORIES OF YOUR EXHIBITS IN THE LIST OF EXHIBITS

**DISCOUNTS** • From 32 sq. m. and over discount 10%

**TYPES OF STAND** **TYPE No 1/SPACE ONLY:** Stand marked out on the floor, cleaning charges and electric power consumption included.  
**TYPE No 2/SHELL SCHEME:** which includes: stand partitions, facade with a sign-board with the company name, number of the stand, fitted carpet, ten electric spotlights /16 sq. m., one socket /16 sq. m., (with their power supply and consumption), 1 desk, 1 small table, 3 chairs, as well as general and special cleaning.

I would like to participate in EXOPARTENARIAT PROGRAMME

### PRICE LIST OF RENTED SPACE

COVERED AREA	TYPE / 1	€/SQ.M.	TOTAL SQ.M.	TOTAL €
	ONE SIDE	150.00		
	TWO SIDES	165.00		
	THREE SIDES	181.00		
	FOUR SIDES	199.00		
<b>DISCOUNT</b>				
SUB TOTAL AFTER DISCOUNT				
	TYPE 2 / EQUIPMENT	25.00		
REGISTRATION FEE FOR EXHIBITOR (including the entry at INTERNET)				110.00
TOTAL				
V. A. T. 23%				
<b>GRAND TOTAL</b>				

Please, send your Company's profile until 17/08/2010 to privatelabel@helexpo.gr (Doc file, up to 60 words)

### MAIL ADDRESS

ADDRESS \_\_\_\_\_  
 TEL. / FAX \_\_\_\_\_  
 P. CODE/CITY \_\_\_\_\_  
 COUNTRY \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

### REPRESENTATIVE IN GREECE

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 P. CODE/CITY \_\_\_\_\_  
 COUNTRY \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

### TERMS OF PAYMENT

APPLICATIONS SHOULD BE ACCOMPANIED BY THE FULL PAYMENT OF THE GRAND TOTAL, SOON AFTER THE RECEIPT OF THE PROFORMA INVOICE.  
 COPY OF THE BANK TRANSFER SHOULD BE FAXED TO THE SECRETARIAT  
 PAYMENT MAY BE MADE BY BANK TRANSFER TO ONE OF THE FOLLOWING ACCOUNTS OF HELEXPO.

**NATIONAL BANK OF GREECE:** 223/470400-28  
**COMMERCIAL BANK OF GREECE:** 84114359  
**ALPHA CREDIT BANK:** 707/00/2320000394  
**PIRAEUS BANK:** 52/02/009128859

LEVEL  STAND

Our signature confirms the acceptance of all terms and conditions of the REGULATIONS OF PARTICIPATION in PRIVATE LABEL 2010.

(signature/seal)

DATE \_\_\_\_\_