

TO BE COMPLETED BY THE ORGANIZER	INDEX CARD No	HALL/STAND	REFERENCE No	DATE

1st PROFESSIONAL INTERNATIONAL EXHIBITION OF FURNITURE  
FRIDAY 26 JANUARY-MONDAY 29 JANUARY 2007 • THESSALONIKI-GREECE

## APPLICATION FOR PARTICIPATION

TO BE RETURNED NO LATER THAN **25 OCTOBER 2006**

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

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

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

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

E-Mail \_\_\_\_\_ Web site \_\_\_\_\_

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

**PLEASE SPECIFY HOW YOUR TITLE SHOULD APPEAR**

**IN THE EXHIBITOR CATALOGUE**

\_\_\_\_\_

\_\_\_\_\_

**ON YOUR STAND NAME BOARD**

INDUSTRIALIST  CRAFTSMAN  REPRESENTATIVE

FOREIGN STATE PARTICIPATION  GROUP PARTICIPATION

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

- DISCOUNTS**
- From 64 - 96 sq. m. discount 10%
  - From 97 - 192 sq. m. discount 15%
  - From 193 sq. m. and over discount 20%

- TYPES OF STAND**
- TYPE No 1 Without equipment:** Stand marked out on the floor, cleaning charges and electric power consumption included.
- TYPE No 2 With equipment** which includes in addition: stand partitions, facade, with a signboard with the company name, the number of the stand, fitted carpet, ten electric spotlights /16 sq. m., one socket/16 sq. m., 1 desk, 1 small table, 3 chairs.

- TECHNICAL SERVICES** To occupy the stand we will need WATER-DRAINAGE

**PRICE LIST OF RENTED SPACE**

COVERED AREA	No of SIDES	TYPE	€/ SQ.M.	TOTAL SQ.M.	TOTAL €
		ONE SIDE	1	83,00	
	ONE SIDE	2	100,00		
	TWO SIDES	1	91,00		
	TWO SIDES	2	108,00		
	THREE SIDES	1	100,00		
	THREE SIDES	2	117,00		
	FOUR SIDES	1	108,00		
	FOUR SIDES	2	125,00		
	OPEN AIR SPACE		50,00		

DISCOUNT % - REASONING: \_\_\_\_\_

SUB TOTAL AFTER DISCOUNT \_\_\_\_\_

REGISTRATION FEE FOR EXHIBITOR (including the entry at INTERNET) 90,00 €

TOTAL \_\_\_\_\_

V.A.T. 19% \_\_\_\_\_

**GRAND TOTAL**

**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

PAVILION  STAND

Our signature confirms the acceptance of all terms and conditions of the REGULATIONS OF PARTICIPATION in FURNIDEC BUSINESS 2007.

(signature/seal)

DATE \_\_\_\_\_