

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

30th INTERNATIONAL EXHIBITION OF FURNITURE
SATURDAY 10 - SUNDAY 18 MAY 2008 • THESSALONIKI-GREECE

APPLICATION FOR PARTICIPATION

TO BE RETURNED NO LATER THAN **10 MARCH 2008**

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 MERCHANT
FOREIGN STATE PARTICIPATION GROUP PARTICIPATION

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

DISCOUNTS	<ul style="list-style-type: none"> • 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	<p>TYPE No 1 Without equipment: Stand marked out on the floor, cleaning charges and electric power consumption included.</p> <p>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.</p>
TECHNICAL SERVICES	To occupy the stand we will need WATER-DRAINAGE <input type="checkbox"/>

PRICE LIST OF RENTED SPACE

COVERED AREA	No of SIDES	TYPE	€/ SQ.M.	TOTAL SQ.M.	TOTAL €
	ONE SIDE	1	86,00		
	TWO SIDES	1	95,00		
	THREE SIDES	1	104,00		
	FOUR SIDES	1	112,00		
OPEN AIR SPACE			53,00		
DISCOUNT % - REASONING:					
SUB TOTAL AFTER DISCOUNT					
TYPE 2 / EQUIPMENT			18,00		
REGISTRATION FEE FOR EXHIBITOR (including the entry at INTERNET)					95,00
TOTAL					
V.A.T. 19%					
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 2008**.

(signature/seal)

DATE _____