



## EXHIBITOR REGISTRATION

Please fill in and send to: Evacon Ltd.  
H-1136 Budapest, Tátra str. 34. HUNGARY  
Mobile: +36-30-951-4480

Contact: Mrs Eva Ori  
E-mail: eva@evacon.hu

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### COMPANY DETAILS:

Company:.....  
Street:.....  
City:.....ZIP code:.....  
Country:.....VAT number:.....  
Company Website:.....

### Invoicing address (if different from above):

Name:.....  
Street:.....City:.....  
ZIP code:.....Country:.....  
VAT number:.....

### CONTACT DETAILS:

First name:.....Last name:.....  
Title:.....Gender:.....  
Phone:.....Fax:.....  
E-mail:.....

Required booth nr.:.....

### Name of representative at the booth (free participant, included in the exhibition fee):

First name:.....Last name:.....

EXHIBITION FEE:  EUR 7 000 / booth

### PAYMENT METHOD:

Bank Transfer  Credit Card (Mail Order Transaction)

Date:.....Signature:.....

*I, the undersigned, certify to have read and agree the conditions concerning exhibitor registration. By signing here, you agree to abide by the guidelines outlined in the Exhibitor General Information.*

Exhibitor registrations are not considered confirmed until payment is received. Fees are payable via credit card or bank transfer within two weeks of the first written communication committing your company to the reservation