

ENC-GNSS 2009

EXHIBITOR REGISTRATION FORM

Please complete and fax this Form to

+ 39 081 242 9572 **before January 31, 2009**

Contact Person: Mrs Alessandra Saioni, Effe Erre Congressi

Ph: + 39 081 617 3858 - E-mail: info@frcongressi.it

Company:

Fascia Name

Booth Number (see maps) – First choice: Second Choice

Invoice to

Address

City. Postal Code

State Country

Phone..... Fax..... E-mail

Person(s) staffing the booth:

Name Family name

Name Family name

Name Family name

PAYMENT

Standard Booth Unit (size: 3x2 m - 6 sqm.): € 3.600,00 (20%VAT included)

I would like to rent No. Booth (s)

TOTAL AMOUNT TO BE PAID : € (20% VAT included)

Bank Transfer to:

Effe Erre Congressi Srl
Banca Sella Sud Arditi Galati Spa
IBAN CODE: **IT49W0304903401052868858960**
Swift code: BRDGIT33XXX

Please include a copy of your Bank Transfer Receipt.

Date..... Signature