



Tuesday 14 - Wednesday 15 - Thursday 16 - Friday 17 September 2010 **24<sup>th</sup> SPACE**

**SPACE**  
**2010**

# CO-EXHIBITOR Form

To be filled in by the firm which presents its products or services on the booth of a direct exhibitor under its own name and with its own personnel.  
*(1 form per co-exhibitor. Please use photocopies of this form if X... represented firms)*

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## RESERVED FOR THE SHOW AUTHORITIES

DATE OF RECEIPT	CUSTOMER NO.	PAYMENT FOR DIRECTORY	REGISTRATION NO.

### I - MANDATORY APPLICATION

#### A - Co-Exhibitor:

Name or business name: .....

Full Address: .....

Tel.: ..... Fax: .....

e-mail: ..... @ ..... Web site: www. ....

Person to contact :  Mr  Mrs .....

Nationality of the company: .....

#### B - Precise activities of the Co-exhibitor:

in French: .....

in English: .....

#### C - Products, services, equipments exhibited at the 24<sup>th</sup> SPACE

*(To be filled in by the co-exhibitor - see enclosed nomenclature)*

N° ..... N° ..... N° .....

**D - Surface occupied by the co-exhibitor:**..... sqm

#### Direct exhibitor:

Name or business name: .....

City: .....

### II - COMPULSORY REGISTRATION IN THE EXHIBITORS DIRECTORY

#### Registration fee

Amount exclusive of tax 190,00 €

V.A.T. (19,6 %) 37,24 €

Amount inclusive of tax 227,24 €

Invoice to  your company  
 your direct exhibitor

<i>Manufacturer's stamp (imperative)</i>	<i>Read and approved</i>

**PLEASE RETURN THIS FORM TO SPACE BY POST OR BY FAX**