



Tuesday 14 - Wednesday 15 - Thursday 16 - Friday 17 September 2010

24th SPACE

SPACE 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 24th 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