



EXHIBITION APPLICATION

Company:

Address:

Zip Code: **City:**

Country:

Tel:

E-Mail:..... **VAT n°**

Contact Person:

Position:

Name that should appear on the booth front:.....

Request For Space:

Number of sqm: *Preferred Booth[s]:* *Option: 1 or 2:*

Order N° (if special from your company, please attach) :

An invoice will be sent to you at the mentioned address. If Invoice address is different from above address, please make sure to send the "Invoice form for sponsor/exhibition application"

Please fill out the invoice form

On behalf of the Company, I consent and undertake to comply with the exhibition rules and my obligations to exhibit from the moment I sign this contract.

Signature & Company Stamp:

This form should be completed and returned as soon as possible to:

EPE Association

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c/o VUB – IR – ETEC

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For additional infos:

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