Business Company: ABF, a.s.
Registered office: Beranových 667,
199 00 Prague 9 - Letňany, Czech Republic
Company ID: 63080575, VAT number: CZ63080575
Registered: at the ČC in Prague, section B, insert 3309
Bank connection: Česká spořitelna, a.s., account number: 10665962/0800
IBAN: CZ59 0800 0000 0000 1066 5962, SWIFT: GIBACZPXXXX
Tel.: +420 724 205 197, + 420 703 199 012
E-mail: veletrhkosmetiky@abf.cz, internet: www.veletrhkosmetiky.cz

Co-exhibitor application

FOR BEAUTY

COSMETICS & HAIR & NAILS & FEET

PVA EXPO PRAGUE, 16-17 April 2027

Closing deadline for discount is 15 March 2027

2

Exhibitor (Company name): _____

We declare that the following firms (our Co-exhibitors) will be presented within the framework of our exposition.
For each of them we will pay the Registration Fee amounting to **EUR 266** (in the case of 1 to 4 co-exhibitors)
EUR 175 (in the case of 5 to 8 co-exhibitors)
EUR 153 (in the case of 9 and more co-exhibitors)

Number of co-exhibiting firms ☐ (in the case of a larger number please fill in more forms no. 2)

1st Co-exhibitor

Company name _____ Reg. No. _____

Name of co-exhibitor for publishing in the trade fair catalogue _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

Internet www. _____

2nd Co-exhibitor

Company name _____ Reg. No. _____

Name of co-exhibitor for publishing in the trade fair catalogue _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

Internet www. _____

3rd Co-exhibitor

Company name _____ Reg. No. _____

Name of co-exhibitor for publishing in the trade fair catalogue _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

Internet www. _____

4th Co-exhibitor

Company name _____ Reg. No. _____

Name of co-exhibitor for publishing in the trade fair catalogue _____

Registered office* - street _____ Tax ID. No. _____

Town _____ Postal Code _____ Country _____

Contact person _____ Position _____

Tel./mobil _____ E-mail _____

Internet www. _____

* For natural persons (individuals) please state the place of business.

All prices are without VAT.

I hereby confirm that I read the Business Terms and Conditions of ABF, a.s., which are an integral part of this application form, and that I understand them and agree with them. I take into account that this is a framework agreement which will be realized in steps, based on further orders made in writing or via e-mail. If the orders are issued by a third party, the original is always required.

_____
for ABF, a.s.

_____
date, signature of exhibitor, stamp /representative of the exhibitor