



CONEXPEST

11-12 May 2017, Wrocław, Hala Stulecia



APPLICATION FORM FOR EXHIBITOR

Please send application form by fax or by email till 28 February 2017 latest.

Name of company (full name)				
Address: street				
Post code:		CITY:		
Tel./fax:				
E-mail:				
VAT No:				
PERSON/s AUTHORIZED TO CONTACT WITH ORGANIZER AND SIGN APPLICATION FORM:				
ASSOCIATED MEMBER PSPDDiD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

City & Date:		Company stamp
Signature:		

WE ARE ACCEPTING CONDITIONS OF PARTICIPATIONS AND EXHIBITORS REGULATIONS. EXHIBITORS REGULATIONS ARE AVAILABLE ON THE WEB SIDE: www.conexpest.pl



POLSKIE STOWARZYSZENIE PRACOWNIKÓW, DEZYNFEKCJI, DEZYNSEKCJI I DERATYZACJI

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