



CONEXPEST

11-12 May 2017, Wrocław, Hala Stulecia



APPLICATION FORM FOR CO-EXHIBITOR /FILLED BY MAIN EXHIBITOR/

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

MAIN EXHIBITOR - STAMP, FULL NAME AND ADDRESS:

CO-EXHIBITOR - STAMP, FULL NAME AND ADDRESS:

Tel./fax:

Tel./fax:

E-mail:

E-mail:

PERSONS AUTHORIZED TO CONTACT WITH ORGANIZER
AND SIGN APPLICATION /MAIN EXHIBITOR/:

CITY and DATE:

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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