



## Booking Form

### EXHIBITOR DETAILS

Company Name

Contact Person Name

Company Billing Street Address

Phone (incl. national and local code)

Postal code

City

Mobile (incl. national and local code)

Country

E-mail

VAT No.

Fax (incl. national and local code)

Sector

Company WWW

### BOOTH DETAILS

Selected Booth Number \*

Booth Size (sqm)

\* Availability to be confirmed by Organizer

Selected Package:

SHELL SCHEME PACKAGE

Space Only

Net price including discount

Please return this form by e-mail to:

Robert Fischer (Mr): [robert.fischer@sofw.com](mailto:robert.fischer@sofw.com)

Contact: phone +49 8281 79940-30 › fax +49 8281 79940-50 (English / Deutsch)



I am an authorized representative of the company and with full power and authority to sign and deliver this order. I hereby agree to the attached General Terms and Conditions.

Date / Data

Authorised Representative Name / Imię i nazwisko osoby upoważnionej

Signature / Podpis



Vincenz Network // Plathnerstrasse 4c // 30175 Hannover // Germany  
[www.hpci-events.com](http://www.hpci-events.com) // [hpci@vincenz.net](mailto:hpci@vincenz.net)

