

THIS FORM MUST BE RETURNED TO US

For Euroconvention
use only :

**SALON DES MAIRES
ET DES COLLECTIVITÉS LOCALES**

**22, 23 & 24 NOVEMBER 2005
PARIS-EXPO/PORTE DE VERSAILLES-PARIS**

**EXHIBITOR'S ADDRESS if different to the address stated on the order form
(for commercial and logistic correspondence)**

COMPANY NAME

PERSON IN CHARGE OF STAND.....POSITION

ADDRESS

POST CODE TOWN COUNTRY

EMAIL TELEPHONE NUMBER FAX

ADDRESS OF HOSTED COMPANY* for correspondence purposes:

COMPANY NAME

CONTACT POSITION

ADDRESS

POST CODE TOWN COUNTRY

EMAIL TELEPHONE NUMBER FAX

* It is COMPULSORY to fill in a form for each hosted company.

IMPORTANT : For us to record your application, you must return this document to us with the
"SUMMARY ORDER FORM" (sheet number 1).

Place Date Company stamp
Signature