

28th to 30th May 2013

**Messe und Congress Centrum
Halle Münsterland GmbH**

Albersloher Weg 32
48155 Münster

Phone: +49 (0) 251 / 6600 – 351
Fax: +49 (0) 251 / 6600 – 352
email: iaf-services@halle-muensterland.de

Company: _____
VAT Reg. No.: _____
Hall / Booth-No.: _____
Contact: _____
Street: _____
Country, Postcode, City: _____
E-Mail: _____
Phone: _____
Fax: _____

G 5.0 Exhibitor insurance

Please return by: 15.04.2013

Exhibitor insurance

Should you require exhibitor insurance, please fill in the details of your company and send this writing at our e-mail or fax number mentioned above. We will get in touch with you immediately and send you the required insurance-related documentation.

Yes, we would like information on exhibitor insurance.

Contact: _____

Phone : _____

Dimensions in sqm: _____

Estimated value of goods: _____

Place / Date _____

company seal / legally binding signature _____

Attention: The order is valid only in conjunction with form A 1.0!

Nur für interne Zwecke!

RUBIN: _____
Regi-Nr.: _____ Datum: _____
Kd.-Nr.: _____ Kürzel: _____

Weitergeleitet:

Datum: _____ Unterschrift 1: i. A. _____
Datum: _____ Unterschrift 2: i. A. _____

Only for service providers!

Auftragsbestätigung
(Firmenstempel u. Unterschrift)