



**MOSCOW
COMMERCIAL
VEHICLE
SUMMIT**

Moscow Commercial Vehicle Summit

**05-06 September 2017
IEC Crocus Expo, Moscow, Russia**

APPLICATION FORM

Please fill in and send to the Organiser:

Contact person: **Ms. Evgenia Kuybarova**
E-mail: e.kuybarova@itemf.ru
tel.: +7 (499) 750 08 18 (ext. 4903)

Attention: the deadline of filing the application is on 18th of August.

After the 18th of August there will be extra charges of 10%.

1. Participation prices (please tick the box applicable to your company)		
<u>The below prices include attendance of all the Forum sessions, informational materials, simultaneous translation, catering.</u>		
First delegate	<input type="checkbox"/>	300 EUR*
Second delegate	<input type="checkbox"/>	230 EUR*
Third delegate and more	<input type="checkbox"/>	160 EUR*

Note:

If there are 2 delegates from the company, it will be the sum of 300 EUR + 230 EUR. Result = 530 EUR for 2 delegates.

If 3 delegates, 300 EUR + 230 EUR + 160 EUR = 690 EUR for 3 delegates

If 4 delegates 300 EUR + 230 EUR + 160 EUR + 160 EUR = 850 EUR for 4 delegates

***All the prices don't include 18% VAT**

Discount for

Exhibitor COMTRANS 2017		10% of total amount (without VAT**)
AEB member		

****Discounts are not cumulative**

2. Participant of the Forum (hereinafter - "Participant")			
Name of the payer company _____			
Name of the company to be announced in the official list of the Forum participants _____			
Contact person _____			
Postal address:	Country _____	ZIP code _____	City _____
House number, street _____			
Tel. _____ E-mail _____ Website _____			

Organizer



Co-organizer



3. Participants' details:	
(1) Surname, name _____	
Job title _____	
E-mail _____	Tel. _____
(2) Surname, name _____	
Job title _____	
E-mail _____	Tel. _____
(3) Surname, name _____	
Job title _____	
E-mail _____	Tel. _____

4. Days of participation	<input type="checkbox"/> First day (Cargo day)	<input type="checkbox"/> Second day (Passenger day)
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5. Business profile <i>(please tick all applicable boxes):</i>		
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Media	<input type="checkbox"/> Association
<input type="checkbox"/> Distributor	<input type="checkbox"/> Representative office	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Trading company	<input type="checkbox"/> Leasing company	

6. Product groups <i>(please tick all applicable boxes):</i>	
<input type="checkbox"/> Cargo vehicles	<input type="checkbox"/> Service station
<input type="checkbox"/> Passenger vehicles	<input type="checkbox"/> LCV
<input type="checkbox"/> Parts & Components	<input type="checkbox"/> Software/ IT-technologies
<input type="checkbox"/> Repair & Maintenance	<input type="checkbox"/> Other (please specify) _____

7. TOTAL AMOUNT including 18% VAT:

Organizer



Co-organizer

