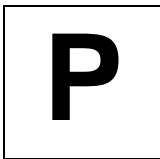


BRUSSELS EXHIBITION CENTRE non-profit making association (BRUSSELS EXPO)
 Place de Belgique 1
 B - 1020 BRUXELLES
 Tel. +32 2 474 82 55 - Fax +32 2 474 82 86
 VAT BE 0406.655.573



ORDER FORM : PARKING PLACE(S)

PLEASE RETURN THIS FORM DULY FILLED IN BEFORE: 21/08/2009

FAIR: LABELEXPO'09	HALL:	STAND NBR:
COMPANY:	PHONE:	FAX:
STREET:	NBR.:	VAT:
ZIPCODE:	BANK ACCOUNT NBR.:	
CITY:	CONTACT PERSON:	
COUNTRY:	DIRECT NBR.:	
BILLING ADDRESS:	VAT:	
	TEL:	FAX:
YOUR PURCHASE ORDER NUMBER TO MENTION ON OUR INVOICE :		

* **Exhibitors Parkings** : the Exhibitors can order a parking pass in the parkings close to the immediate vicinity of the exhibition premises

Code	Quantity	Type of pass valid for the whole duration of the exhibition
1		Parking Pass(es) for standard vehicle(s) (3x5m) at 13,22 € /piece (VAT 21 % excl.)
2		Parking Pass(es) for lorry (s), towing, caravans, mobilhomes...at 38,02 € /piece (VAT 21 % excl.) Only parked in parking C.

In case of mistake concerning the number of show days, the Brussels Exhibition Centre will automatically adapt the total cost of the parking pass to the correct number of days.

The allowed vehicles in these parkings will be placed at the users' own risk.

To ensure effective supervision, it is absolutely indispensable to have the passes clearly visible on the windscreen for the entire period during which the vehicles are parked in the parking facilities

PARKING PASSES MUST BE PICKED UP AT DISPATCHING DURING THE ASSEMBLY PERIOD. NO PASSES WILL BE SEND BY POST.

!! ORDERED PARKING PASSES THAT HAVE NOT BEEN COLLECTED ARE NOT REFUNDABLE.

Methods of payment : by Bank Transfer / by Cheque / with Credit Card	
CREDIT CARD No :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXP. DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Verification code Visa/Mastercard :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (3 last digit code on the back of the card)
Verification code American Express :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (4 digit code above your card number)
TOTAL OF YOUR ORDER : €+ VAT (21 %) = TOTAL AMOUNT : €
NAME OF CARD HOLDER : SIGNATURE :

DATE: NAME: SIGNATURE:

For administrative use	
Paid on :	By
Passes delivered on :
Returned on : Name & Signature :