

Event name	Company name (Invoice recipient)
Customer no. (Exhibitor)	Contact person (Invoice recipient)
Hall/stand no. (Exhibitor)	Street and house no. (Invoice recipient)
Your order no. (if desired)	Postcode, town, country (Invoice recipient)
VAT identification number EU (Invoice recipient)	Telephone (in case of questions)
We are: <input type="checkbox"/> Entrepreneur <input type="checkbox"/> no Entrepreneur	E-mail (in case of questions)

Orders by fax to: +49 711 18560-2292

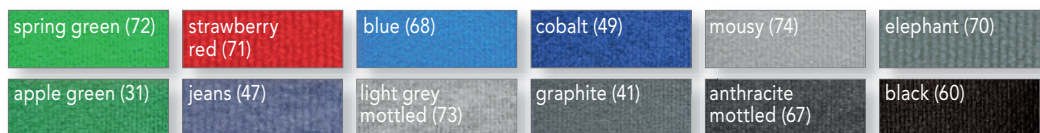
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We herewith order / We order on behalf and by order of the aforementioned exhibitor from Landesmesse Stuttgart GmbH (LMS) – and at the same time accept the General Terms and Conditions for Services as well as the Technical Guidelines of LMS which are available at www.messe-stuttgart.de/agb and also on-site in the service center – as follows:

Item No.	Variant	Quantity	Description	Unit price EUR
70-01822			Package CONCEPT *	12 – 30 m ² 98.60 / m ² from 31 m ² on request
70-01823			Package CONCEPT Extra	12 – 30 m ² 127.80 / m ² from 31 m ² on request
70-01824	0 1		Cabin extension CONCEPT with tower construction comprising supports and walls, 1 one-leaf door element	93.50 / m ²
70-01825	0 1		Cabin extension CONCEPT without tower construction comprising supports and walls, 1 one-leaf door element	70.30 / m ²

* Basic version (without furniture / cabin)

Variants – please select the desired colour of carpeting



Further carpeting colours on request.

Exact text for your lettering on front wall panel and tower (please complete)

Graphics and special lettering on request.

Additional equipment see form 1.16

All prices quoted are subject to the statutory VAT valid at this time (according to the relevant version of the Value Added Tax Act).

The stated service can only be performed if at the time there are no outstanding payments owed to LMS.

It is explicitly stated that data will be stored according to A 14 of the General Terms and Conditions for Services A.

Date: _____ 2 0 _____

Place: _____

Company stamp and signature: _____



Landesmesse Stuttgart GmbH
 Messepiazza 1 · 70629 Stuttgart (Germany)
 Tel.: +49 711 18560-2444
 E-mail: sms@messe-stuttgart.de

For questions please contact:
 Stand Construction Services
 Tel.: +49 711 18560-2400
 E-mail: standconstruction@messe-stuttgart.de