

EXHIBITOR'S DETAILS

COMPANY NAME (COMPANY - ASSOCIATION - IF PRIVATE INDIVIDUAL, FIRST AND LAST NAME)					WEB SITE				
<input type="text"/>					<input type="text"/>				
ADDRESS				CITY		PROVINCE/ COUNTRY	POSTCODE		
<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>		
NATION		VAT NUMBER			CODE SDI				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
PHONE		EMAIL			PEC				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
PLACE OF BIRTH (IF PRIVATE INDIVIDUAL)		DATE OF BIRTH (IF PRIVATE INDIVIDUAL)		TAX CODE/NATIONAL INSURANCE NUMBER (IF PRIVATE INDIVIDUAL)					
<input type="text"/>		<input type="text"/>		<input type="text"/>					

The aforementioned information may be used by the Italian Society of Authors and Publishers (SIAE) to verify the proper use of copyright by the exhibitor during the event. N.B.: in case of VAT exemption (Art 8/8 bis DPR 633/72, attach to this form a signed declaration)

TYPE OF GOODS		<input type="checkbox"/> PUBLISHING	<input type="checkbox"/> COMICS	<input type="checkbox"/> COLLECTOR	<input type="checkbox"/> MOVIE
<input type="checkbox"/> GADGETS	<input type="checkbox"/> GAMES	<input type="checkbox"/> ENTERTAINMENT	<input type="checkbox"/> OTHER	<input type="text"/>	

BILLING DETAILS (only if different from exhibitor's details)

COMPANY NAME (COMPANY - ASSOCIATION - IF PRIVATE INDIVIDUAL, FIRST AND LAST NAME)					WEB SITE				
<input type="text"/>					<input type="text"/>				
ADDRESS				CITY		PROVINCE/ COUNTRY	POSTCODE		
<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>		
NATION		VAT NUMBER			CODE SDI				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
PHONE		EMAIL			PEC				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
PLACE OF BIRTH (IF PRIVATE INDIVIDUAL)		DATE OF BIRTH (IF PRIVATE INDIVIDUAL)		TAX CODE/NATIONAL INSURANCE NUMBER (IF PRIVATE INDIVIDUAL)					
<input type="text"/>		<input type="text"/>		<input type="text"/>					

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CONTACT PERSON FOR INFORMATION AND COMMUNICATIONS

NAME AND SURNAME			POSITION		
<input type="text"/>			<input type="text"/>		
PHONE		MOBILE		EMAIL	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

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