



27th - 30th June, 2011



PARTICIPATION REQUEST

To AM3 Feiras e Promoções Ltda, Rua Pequetita, 145 / 32 Zip Code 04552-060, São Paulo / SP – Brasil – Phone (55 11) 3044-7551 - Fax (55 11) 3845-5052 - E-mail: label@am3feiras.com.br - Site: www.labellatinoamerica.com.br

We authorize you to submit us a contract concerning our participation at Label LatinoAmerica – International Exhibition and Conference on Adhesive Labels, Tags and Products Identification, with the following features:

AREA sq.m	US\$	€	TOTAL 1	Basic Assembly sqm	US\$	€	TOTAL 2
30/Mar/11	230.00	180,00			45	35	
01/April/11	250.00	195,00			50	40	

Payment conditions: 50% down payment: 50% till Jun 5th, 2011

Area: _____

Area costs include: Exhibition Space, local taxes, cleaning, and fire-extinguisher.

TOTAL 1 + 2: _____

SECTORS:

- | | |
|---|---|
| <input type="checkbox"/> 01. Aligners, compressors, peripherals | <input type="checkbox"/> 09. Digital and ink jet printing + peripherals |
| <input type="checkbox"/> 02. Converters | <input type="checkbox"/> 10. Converting machines |
| <input type="checkbox"/> 03. Labelers and taggers | <input type="checkbox"/> 11. Equipment for pre-printing |
| <input type="checkbox"/> 04. Blades: rotating, flat, laser cutting | <input type="checkbox"/> 12. Offset: printing plates, blankets, ink rollers |
| <input type="checkbox"/> 05. Flexography: photopolymers, films, cylinders | <input type="checkbox"/> 13. Paper, adhesives, glues, silicones, liners |
| <input type="checkbox"/> 06. Hot Stamping: osier, types for hot stamping, films | <input type="checkbox"/> 14. RFID |
| <input type="checkbox"/> 07. Silk-Screen: screen and equipments | <input type="checkbox"/> 15. UV System: varnish, ink and lamps |
| <input type="checkbox"/> 08. Inks (flexographic, typographic, offset, silk screen) varnishes and consumables in general | |

Bank transfer to: AM3 Feiras e Promoções Ltda / 237 - BRADESCO BANK – Swift Code: bbdebrspso
Branch 1945 – Account # 3755 – CNPJ # 52.839.321/0001-88

Company Name: _____

Site: _____

Address: _____

ZIP: _____ - City: _____ State: _____ Country: _____

Phone:(_____) _____ Fax:(_____) _____

Person in Charge: _____ E-mail _____

Position: _____

DATE: / / 20__

Signature: _____
Name: