

O R D E R

.....'9LDCDCK 9F' 07

COMPANY – FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-mail \_\_\_\_\_

SELECTED HOTEL \_\_\_\_\_

TYPE AND NUMBER OF ROOMS \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

NUMBER OF PEOPLE \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

PAYMENT METHOD \_\_\_\_\_

\_\_\_\_\_  
Company stamp

\_\_\_\_\_  
Signature of the ordering person

Please fill in the questionnaire in a legible way and send it to Fax +48 61 8692958  
Poznań International Fair, Głogowska St 14, 60-734 Poznań