** Application form**

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| --- |
| EXHIBITOR |
| Society name : |
| Manager : |
| Address : |
| ZIP code : city : |
| Country : |
| Phone : Cell phone : |
| Fax : e-mail : |
| Specialties : 🞏 publisher 🞏 printer 🞏 distributer  🞏 wholesale book distributer 🞏 library 🞏 other :…………………………. |
| Contact person:  |
| Phone: cell phone : |
| Fax : e-mail :  |
|  |
| APPLICATION  |
| Attendance confirmation yes 🞏 no 🞏 |
| Signing sessions requested yes 🞏 no 🞏 |
| Events on stand yes 🞏 no🞏If you are planning events on your stand please describe : ……………………………………………………………. |
| Attendance to evenings events Dec. 5th - Literary evening launch of the Fair yes 🞏 no🞏  |
|  Dec. 6th - Literary price reward yes🞏 no🞏 |
|  Dec. 8th – closure event yes 🞏 no🞏 |
| Special technical request :  |
| Other remarks : |
|  |
| SIGNING |
| Date : |
| Name : |
| Signing / stamp |

To return to: matilde.dos-santos@region-martinique.mq