

CONTRACT-APPLICATION
for participation in the exhibition

MĀJA I 2023
HOUSE I 2023
23.03. - 26.03.2023.

The Organiser fills out this block!

Hall No	Stand No.
Space m2	
Date	Stamp
Roberts Brēde Project Manager	/ _____ Signature

Organiser

"BT 1" LTD

Uniform registration No. 40003241394; VAT payer: LV40003241394
Address: Kipsalas iela 8, Rīga LV - 1048, Latvia
Tel: +371 67065012

E-mail: maja@bt1.lv http://www.bt1.lv

Bank: "SWEDBANK"AS
S.W.I.F.T. HABA LV22
IBAN LV23HABA0001408034350

Exhibitor

Company		
Registered address	Reg.No.	
Address	VAT payer No.	
Bank	Account	
Name and position of a contact person		
Phone	Mobile	E-mail
The Organiser leases to the Exhibitor an exhibit space for the duration of the exhibition "MĀJA I 2023" and in accordance with the Rules for Participation that is an integral part of this Contract-Application for participation.		

	Type of an indoor exhibit space	Base price for non - equipped exhibit space (EUR per 1m ²), excluding of VAT	Space (m ²)	Sum EUR
1	With one-sided opening	84 ,-		
2	With two-sided opening	94 ,-		
3	With three-sided opening	98 ,-		
4	With four-sided opening	112 ,-		
5	Additional payment EUR 32,- per m ² for the part of exhibit space where display constructions exceed 3,5 m in the height (the Participant shall have the Organiser's consent in writing).			
6	Open-air exhibit space (minimum 8m ²) EUR 54,- per m ² .			
7	Sum			
8				
9				
10	Sum			
11	The lease of an indoor exhibit space + Standard equipment is subject to a surcharge at EUR 18,- per m ² on the rental price above.			
12	Civil liability insurance for an exhibit space to 100m ² (if the exhibit space rented exceeds 100m ² , the Participant shall pay EUR 18,- for each next 100 m ² full or started).		EUR 18 x ____	
13	Participation fee (excluding of VAT)			115 ,-
14	Total, excluding of VAT			
15	VAT 21 %			
16	Grand total including of VAT 21%			

We hereby confirm our participation in the exhibition "MĀJA I 2023" and accept the Rules for Participation we have been provided with by the Organiser.

Signature _____ The name of the authorised representative _____

Date: ____/____/202____ Position _____

Compulsory stamp