

Exhibit Registration Form



Please send this form to your national commissioner.



International Stamp Exhibition

25.-28. May 2023
Halls 7 + 8 | Essen Fair

<i>FIP Pass-Nummer</i> / falls bekannt <input style="width:95%;" type="text"/>	1st time exhibitor <input type="checkbox"/>	Salutat. <input style="width:95%;" type="text"/>								
Given Name <input style="width:95%;" type="text"/>	Family Name <input style="width:95%;" type="text"/>									
Pseudonym <input style="width:95%;" type="text"/>	Email <input style="width:95%;" type="text"/>	Tel. <input style="width:95%;" type="text"/>								
Full Address <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>										
Country <input style="width:95%;" type="text"/>	Date of birth / Youth Class Only <input style="width:95%;" type="text"/>									
Title of the exhibit <i>/ in Englisch</i> <input style="width:95%;" type="text"/>										
Kurzbeschreibung des Exponats <i>/ in Englisch</i> <input style="width:95%;" type="text"/>										
Front page enclosed <input type="checkbox"/> Synopsis enclosed <input type="checkbox"/> Literature form enclosed (Literature class only) <input type="checkbox"/>										
Exhibition class <input style="width:95%;" type="text"/>	desired # of frames <input style="width:95%;" type="text"/>	Sheet size /width x height <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/> cm								
Awards received so far at international (FIAF, FEPA, FIAP) and world (FIP) exhibitions	Name of the Exhibition	clear	GG	G	GV	V	GS	S	SB	B
	<input style="width:95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National exhibitions	<input style="width:95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input style="width:95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hereby accept the relevant FIP Regulations and the Special Regulations for IBRA 2021 and I consent to information from this application being stored digitally by the exhibition organizers.						Commissioner's statement/comments:				
Signature (Exhibitor) _____		Date (DD/MM/YY) _____		Signature (Commissioner) _____			Date (DD/MM/YY) _____			

Signatures can be inserted in Adobe pdf Reader with Tools > insert and sign, then click sign.