



BRASÍLIA - 2017
SPECIALIZED WORLD STAMP EXHIBITION
 October 24th to 29th - Brasília, BRAZIL



Exhibit Application Form

This form must be returned through the National Commissioner to reach electronically the Commissioner-General by **February 20th, 2017**, at the following e-mail address: comissariobrasilia2017@gmail.com

Please, fill in a separate form for each exhibit. Write or type in block letters.

FIP Identity number (if known) _____		First time entry – YES <input type="checkbox"/> NO <input type="checkbox"/>	
Exhibitor	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Surname _____	First name _____
_____		Pseudonym _____	Date of birth (Youth class only) _____
Full address _____			

Country _____			
E-mail _____		Phone _____	
Title of this exhibit (in English): _____ _____			
Short description of the exhibit (In English): _____ _____ _____			
1) Introduction page included - YES <input type="checkbox"/> NO <input type="checkbox"/>			
2) Philatelic Literature Exhibit Information Form included (only applicable for Philatelic Literature exhibits) – YES <input type="checkbox"/> NO <input type="checkbox"/>			
Exhibit Class _____	Group _____	Number of frames _____	Dimensions of sheets (in cm): _____ (height) X _____ (width)

PAST AWARDS RECEIVED

International (FIAF, FEPA, FIAP) / World (FIP) Exhibitions:	LG	G	LV	V	LS	S	SB	B
National Exhibitions:								

The undersigned (exhibitor) hereby (I) agrees to accept all FIP regulations (GREX, GREV, SREVS) and the individual regulations (IREX) applying to BRASÍLIA - 2017 and (II) confirms that the exhibit is owned by me (GREX Art. 11.2):		The exhibit will be delivered:	
Date _____	Signature _____	<input type="checkbox"/>	By Commissioner
Commissioner's declarations – Remarks: _____ _____		<input type="checkbox"/>	By myself (the exhibitor)
Date _____	Signature _____	<input type="checkbox"/>	By other (please specify)

Original – BRASÍLIA-2017 O.C. 1st copy – National Commissioner 2nd copy – Jury 3rd copy - Exhibitor