



Exhibit Application Form

This form must be sent to your National Commissioner by 31 October 2019

FIP Identity number / if known <input type="text"/>		First time entry <input type="checkbox"/>	Title <input type="text"/>							
First name <input type="text"/>		Surname <input type="text"/>								
Pseudonym <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>								
Full address <input type="text"/>										
<input type="text"/>										
Country <input type="text"/>		Date of birth / Youth class only <input type="text"/>								
Title of exhibit <i>/ in English</i> <input type="text"/>										
Short description of the exhibit <i>/ in English</i> <input type="text"/>										
Introduction page included <input type="checkbox"/> Synopsis included <input type="checkbox"/>										
Philatelic Literature Exhibit Information Form included <input type="checkbox"/>										
<i>/ only applicable for Philatelic Literature exhibits</i>										
Exhibition Class <input type="text"/>	Number of frames <input type="text"/>	Sheet size / width × height <input type="text"/> <input type="text"/> cm								
Past Awards received at International (FIAP FEPA, FIAF) / World (FIP) Exhibitions	Exhibition name	clear	LG	G	LV	V	LS	S	SB	B
	<input 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 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 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 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"/>
<p><i>I hereby confirm my acceptance of all relevant FIP regulations together with the special rules for the exhibition, and I give my consent to information contained on this form being held digitally by the organisers of the exhibition.</i></p>										
<p><i>Commissioner's declarations - Remarks:</i></p>										
Exhibitor's signature		Date (D/M/YYYY)		Commissioner's signature		Date (D/M/YYYY)				

Signatures can be added in Adobe pdf reader via Tools > Fill and Sign, then click Sign with options