

APPLICATION FORM 2009

Deadline for registration : April, the 30th 2009

Grand Palais des Champs-Élysées
Porte C
Avenue Franklin Roosevelt
75008 Paris
France

Phone : +33 1 43 59 46 07
Fax : +33 1 53 76 00 60
Email : salon-dautomne@wanadoo.fr

Last Name :
First Name :
Catalogue Name :
Address 1 :

Address 2 :

City/Postal Code/Country :

Phone :
Fax :
Nationality :
Birth Day :

Salon d'Automne Member : Yes or No
Exhibitor : Yes or No
Section :

Work	Title	Technique	Size	Price (€ device)
1				
2				
3				

CERTIFICATE

I, the undersigned :

Commit myself not claiming to the association of the "salon d'automne" on the occasion of the exhibition of the ongoing year in case of deterioration, lost or theft, or any damage concerning my work, I acknowledge being informed that it comes back to me the load to contract an insurance for the works which I display during exhibition. I promise, as well as my insurance, to abandon any appeal. I promise not to ask the association of the "salon d'automne" for a right of reproduction for the work reproduced in the catalogue, on the Internet site or via a mass media treating the subject of the association, and declare to abandon in author's right associates. I finally declare to have acquainted with the rules of exhibition and accepted all clauses.

Date and signature handwritten or electronic:

Bank Account Details:

In case of cashless refund of expenses of display, request to provide element of RIB with the count to be credited.

<u>Bank code</u>	<u>Branch number</u>	<u>Count</u>	<u>C/rice</u>
<u>IBAN</u>			
BIC			
Registered address			
Count holder			

Reserved :

Reference of the reached checks :

(Bank name/ check number/amount/ date)

Inscription :

Display :