



## APPLICATION FORM FOR ENTRY

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	SURNAME:	FIRSTNAME:
PSEUDONYM (if applicable):		

ADDRESS: \_\_\_\_\_

TELEPHONE 1:	TELEPHONE 2:
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FAX:	e-MAIL:
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TITLE OF EXHIBIT: \_\_\_\_\_

DESCRIPTION OF EXHIBIT:  
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 \_\_\_\_\_  
 \_\_\_\_\_

<b>CLASS: (Mark with an ✕ )</b> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> B1 <input type="checkbox"/> Γ1 <input type="checkbox"/> Γ2 <input type="checkbox"/> Γ3 <input type="checkbox"/> Γ4 <input type="checkbox"/> Γ5 <input type="checkbox"/> Γ6 <input type="checkbox"/> Γ7 <input type="checkbox"/> Γ8 <input type="checkbox"/> Γ9 <input type="checkbox"/> Δ1 <input type="checkbox"/> Δ2 <input type="checkbox"/> Δ3 <input type="checkbox"/> E1 <span style="float: right;"><input type="checkbox"/> Z1</span>	<b>AWARDS AT PREVIOUS EXHIBITIONS: (Mark the Medal Class with an ✕)</b> <b>NATIONAL EXHIBITIONS:</b> <span style="float: right;">Points</span> _____ <input type="checkbox"/> LG <input type="checkbox"/> G <input type="checkbox"/> LV <input type="checkbox"/> V <input type="checkbox"/> LS <input type="checkbox"/> S <input type="checkbox"/> SB <input type="checkbox"/> B _____ <input type="checkbox"/> LG <input type="checkbox"/> G <input type="checkbox"/> LV <input type="checkbox"/> V <input type="checkbox"/> LS <input type="checkbox"/> S <input type="checkbox"/> SB <input type="checkbox"/> B _____ <input type="checkbox"/> LG <input type="checkbox"/> G <input type="checkbox"/> LV <input type="checkbox"/> V <input type="checkbox"/> LS <input type="checkbox"/> S <input type="checkbox"/> SB <input type="checkbox"/> B <b>INTERNATIONAL EXHIBITIONS:</b> <span style="float: right;">Points</span> _____ <input type="checkbox"/> LG <input type="checkbox"/> G <input type="checkbox"/> LV <input type="checkbox"/> V <input type="checkbox"/> LS <input type="checkbox"/> S <input type="checkbox"/> SB <input type="checkbox"/> B _____ <input type="checkbox"/> LG <input type="checkbox"/> G <input type="checkbox"/> LV <input type="checkbox"/> V <input type="checkbox"/> LS <input type="checkbox"/> S <input type="checkbox"/> SB <input type="checkbox"/> B _____ <input type="checkbox"/> LG <input type="checkbox"/> G <input type="checkbox"/> LV <input type="checkbox"/> V <input type="checkbox"/> LS <input type="checkbox"/> S <input type="checkbox"/> SB <input type="checkbox"/> B
FRAMES: <input type="checkbox"/> SHEETS: <input type="checkbox"/>	

To be completed only for exhibits in Class Γ9: YEAR OF PUBLICATION: _____	To be completed only by exhibitors in Classes Δ1-Δ3: DATE OF BIRTH: _____
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THE EXHIBIT WILL BE DELIVERED TO THE ORGANIZERS: BY MAIL:  BY THE EXHIBITOR:  BY A REPRESENTATIVE:

My application is accompanied by a provisional opening page. After the submission of my application, I will submit photocopies of part or the whole of my exhibit, in case I am asked to. I also confirm that all information entered herewith is correct and that I have read and accepted the Special Regulations applying to "Lavrio 2009".

\_\_\_\_\_  
Signature and date

<b>TO BE COMPLETED BY THE ORGANIZING COMMITTEE:</b>	
Application no.: .....	Change of Class: .....
Application received: .....	Exhibitor notified: .....
Fees paid: .....	Frames start-end: .....
Exhibit approved: .....	Exhibit received: .....
No. of frames allocated: .....	Exhibit returned: .....