



Write in BLOCK LETTERS, please. This form have to be sent to your National Commissioner by June 30, 2021

Your FIP Identify number (if known) First time Entry (X) Title (Mr, Mrs, Ms, Dr)

Exhibitor's given name Family name

Pseudonym Email Phone

Full address

Country Date of birth (DD/MM/YYYY) (Youth class only)

Title of exhibit (in English)

Previous Title (if exists)

Short description of the exhibit (in English)

Introduction page included (x) Synopsis included (x) Philatelic Literature Exhibit Information Form included (x)

Exhibition Class Number of Frames Sheet sizes (width x height) x cm

	Level	Year's	Exhibition name	LG	G	LV	V	LS	S	SB	B
Past awards received at last International exhibitions (FIP, FEPA, FIAP, FIAF)	<input type="text"/>	<input type="text"/>	<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"/>
National Exhibitions	1'st	<input type="text"/>	<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"/>
	1'st	<input type="text"/>	<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"/>

I hereby confirm (I) my acceptance of all relevant FIP regulations together with Commissioner's declarations – Remarks: the special rules for the exhibition, and (II) confirms that the exhibit is owned by me. I give my consent (III) to information contained on this form being held digitally by the organisers of the exhibition.

Exhibitor's Signature Comissioner's Signature
 Date (DD/MM/YYYY) Date (DD/MM/YYYY)