



Entry Form GABRA VI



Non-evaluated postal stationery and
letter exhibition with international participation
September 29 - October 1, 2017 Burgdorf, Switzerland

Deadline: June 1st, 2017

Please send to:

Peter Bamert, Heilbronnerstrasse 13, CH-4500 Solothurn, Switzerland

Name: _____ Phone: _____

Address: _____

City: _____ Postal code: _____

Country: _____ E- mail: _____

Philatelic Memberships: _____

Title of Exhibit : _____

Description of Exhibit overleaf! (Description will be used for the exhibition catalogue).

Number of frames (1 frame =12 pages) at CHF10 _____ Fee 1=CHF _____

This collection was never exhibited

This collection was exhibited in _____ Year _____

Medal level: _____

Method of delivery: Personal Postal Service By agent

Method of return: Personal Postal Service By agent:

By agent (Name, Phone number) _____

Insurance: (Helvetia Insurance Company /St. Gallen)

I would like to insure my exhibit(s) amounting to: _____
(Foreign currency will be converted to CHF according to the actual exchange rate)

Insurance rate (For the duration of the exhibition and for transport)

The insurance rate **inside Europe** amounts to: CHF1.70 per CHF1.000

Value of Exhibit: _____ x CHF1.70 = **Fee 2 =CHF** _____

Total Fee (Fee1 and Fee 2) =**CHF** _____

Please pay the fee in due course but no later than June 1, 2017 to our account:

PostFinance, **IBAN**: CH54 0900 0000 1490 0776 1, **BIC**: POFICHBEXXX

Paypal accepted. Please add 5% of the total Fee

I explicitly do not want to insure my exhibit(s)

I have read and accept the Exhibition rules

Date and place

Signature

