



Institute of Public Administrations' International Book Fair Participation Form

No.: 1

Participant's Name:

Address: P.O. Box () Country: City:

Tel. No.: Fax No.: E-mail:

Activity:

Type of Participation: Exhibition () Sale ()

Number of Publications.

Number of Titles:

Number of Representatives: Stall Officer:

Stall area required: (.....m).

*We affirm our commitment to the rules of the Book Fair.

Name:

Signature:

Participant's Seal:

P.O. Box 205-Riyadh 11141, Fax (009661) 4792136

E-Mail: ipabookfair@ipa.edu.sa



**Institute of Public Administrations' International Book Fair
Authorization Form**

No.: 2

The Institution/Publisher/Company of

located in

P.O. Box: Fax: City:

Tel. No.: Fax No.: E-mail:

hereby declares the appointment of the Institution/Publisher/Company:

located in P.O. Box: City: Tel. No.:

Fax No.: E-mail: as its exclusive representative
in the IPA's International Book Fair and this authorization is not granted to any other
participant.

* We affirm our commitment to the rules of the Book Fair

Name Job Description

Signature Seal

Date

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E-Mail: ipabookfair@ipa.edu.sa



Institute of Public Administrations' International Book Fair Representative's Form

No.: 4

Please complete the following information about your representatives and send it to the address of the committee accompanied by two photos for each representative and a copy of his passport in a period of not later than 30/8/2009.

Publisher's Name:

Rep. Name:

Nationality:

Place and Date of Birth:

Profession (according to the passport or the ID):

Passport or ID Number:

Issued from:

Passport Expiry Date:

Passport Type:

Other Information:

Name: Job Description:

Signature: Seal:

Date:

* One form for each representative

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**Institute of Public Administrations' International Book Fair
Shipment Form**

No.: 5

Participant's Name:

City:

Country:

Address:

Telephone No.:

Fax:

P.O. Box:

Zip Code:

E-Mail:

Number of Packages () Number of Titles () Weight () Kg.

Participation Type: Direct participation () Authorization () granted to

Shipping Company:

Country:

City:

Address:

Telephone No.:

Fax:

Bill No.:

Shipment Date:

Clearance Destination (seaport / airport / surface passage)

Notes:

- Publishers are requested, upon the shipment of books, to send a copy of this form, a copy of the bill of shipment and two copies of packing sheets by fax to the Fair's Department

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E-Mail: ipabookfair@ipa.edu.sa

