

## EXHIBIT APPLICATION FORM

Please fill in a separate form for each exhibit.  
Please return this form with an introduction page  
to **riihex2023@gmail.com** by November 30,  
2022.

### FOR THE ORGANIZING COMMITTEE

Entry #      Frame #      # Frames      Remarks      First Time Synopsis

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### FOR THE EXHIBITOR

<b>01</b> Surname <input type="text"/>	<b>02</b> First name <input type="text"/>	<b>03</b> Pseudonym <input type="text"/>
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<b>04</b> Email <input type="text"/>	<b>05</b> Telephone <input type="text"/>
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<b>06</b> Street address, postcode and city <input type="text"/>	<b>07</b> Country <input type="text"/>
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<b>08</b> Title of the exhibit <input type="text"/>	<b>09</b> Exhibition Class <input type="text"/>
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<b>10</b> Short description of the exhibit <input type="text"/>	<b>11</b> No. of frames requested <input type="text"/>
	<b>12</b> Sheet size A4 <input type="checkbox"/> A3 <input type="checkbox"/> A = <input type="text"/> cm B = <input type="text"/> cm 
	<b>13</b> Year of birth <input type="text"/> Required for Youth Class, only

<b>14</b> Past Awards received at national, Nordic or international exhibitions	Exhibition name	LG	G	LV	V	LS	S	SB	B
	<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"/>
	<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"/>
	<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"/>
<b>15</b> First time at national exhibition <input type="checkbox"/>	<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"/>

<b>16</b> I confirm acceptance of all relevant Nordic and FIP regulations and the RiiHeX2023 IREX <input type="checkbox"/>	<b>17</b> Date <input type="text"/>
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<b>18</b> Remarks <input type="text"/>
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<b>19</b> I confirm that the above information is correct, and I am the sole owner of this exhibit <input type="checkbox"/>	<b>20</b> Date <input type="text"/>
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