



APIMEDICA &  
APIQUALITY  
FORUM 2010

## Application for World Best Honey Competition

[www.apimedica.org](http://www.apimedica.org)



Application form should be filled in and sent to the technical organiser **GORMICE d.o.o.**, Stihova 4, SI-1000 Ljubljana, Slovenia, telefax: +386 1 430 51 04; e-mail: [apimedica@go-mice.eu](mailto:apimedica@go-mice.eu), no later than **August 15, 2010**.

Copy of the application should be:

1. Send in advance together with **samples** of the honey to the following address: ČEBELARSKA ZVEZA SLOVENIJE, Brdo 8, SI-1225 Lukovica, Slovenia or
2. Brought together with samples to the Ljubljana Convention and Exhibition Centre, Dunajska cesta 17, Ljubljana on Tuesday, September 28, from 8.00 to 14.00.

FIRST NAME	SURNAME
COMPANY	
ADDRESS	COUNTRY
POSTAL CODE	CITY
TELEPHONE	TELEFAX
E-MAIL	
V.A.T. NUMBER	
V.A.T. LIABLE	YES NO
COUNTRY OF ORIGIN OF HONEY:	
<u>In a season 2009/2010 the bees, which have produced registered sample, were treated with the following medicines:</u>	

I would like to register honey in the following category (mark accordingly):

- |   |   |
|---|---|
| <input type="checkbox"/> Flower honey/Honey from the nectar | <input type="checkbox"/> Lime honey     |
| <input type="checkbox"/> Forest honey/Honeydew              | <input type="checkbox"/> Chestnut honey |
| <input type="checkbox"/> Acacia honey                       | <input type="checkbox"/> Spruce honey   |
| <input type="checkbox"/> Fir honey                          |   |

I declare:

- that I am informed about the Rules of assessment (published at the website: [www.apimedica.org](http://www.apimedica.org))
- that all the data I have indicated are accurate
- that I consent for my data and results of the competition to be published
- that I will pay a 50 € registration fee for every sample of honey and a ticket for international exhibition API-EXPO (one ticket regardless the number of samples)
- that my samples will be delivered according to the rules no later than September 28, 2010 until 14.00.

Date:

Signature:

**Payment:**

Referring to the received Application form we will issue an invoice, which must be payed within 8 days or no later than on the day of delivering the samples.