APPLICATION FORM INNOVATION AWARD 2025

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| --- | --- |
| The undersigned (company name) |  |
| Contact person  |  |
| Street and number |  |
| Postal code and city  |  |
| P.O. Box |  |
| Country |  |
| Telephone |  |
| E-mail |  |
| Declares, under the terms laid down in the entry conditions with which he/she is in explicit agreement, that he/she will take part in the FEIBP Innovation Award 2025 with the following product: |
| Product |  |
| Name & country of origin manufacturer |  |
| Brand |  |
| Motivation why your product should be eligible for the FEIBP Innovation Award 2025 |
| Name designer and country of origin |  |
| [ ]  Above mentioned product has not previously been entered in any other Innovation Award competition[ ]  Above mentioned product is intellectual property and/or copyright of the undersigned |
| Description of the product |
| Availability in the market |  | (after September 2024) |
| Retail price of the product (in Euros) | €  |
| [ ]  We send in a photo of the product as JPEG file of size 640∙480 pixels to: info@feibp.eu  |
| **If you comply with the entry conditions, you will receive a written request for the submission of the product itself.** |
| Date | Signature |

Application to be sent before **19 September 2025** to: FEIBP Innovation Award

e-mail: info@feibp.eu