

KINDLY FILL IN THE FORM AND SEND IT BACK BY :
Email: forum@healthinsightforum.com
Tel / Fax: +961 9 900110/111

COMPANY NAME _____ PHONE NB. _____

FAX _____ ADDRESS _____

CONTACT NAME: _____ POSITION: _____

MOBILE: _____ EMAIL: _____

	Stand nb	Price/sqm	Size	Cost	SPACE ONLY
BOOTH SPACE ONLY		350 \$ / SQM			*1 table *2 Chairs
ADVERTISING OPPORTUNITIES					
<input type="checkbox"/>	Inside front / back cover				\$2.500 each
<input type="checkbox"/>	1 Page advert				\$1.500
SPONSORSHIP OPPORTUNITIES					
<input type="checkbox"/>	SYMPOSIUM WITH BOOTH <i>INCLUDING : LECTURE, BOOTH, LOGO ON MATERIALS</i>				\$ 10.000
<input type="checkbox"/>	SYMPOSIUM <i>INCLUDING : LECTURE, LOGO ON MATERIALS</i>				\$ 7.000
<input type="checkbox"/>	CONGRESS FOLDER				\$ 5.000
<input type="checkbox"/>	COFFEE BREAK				\$ 4.000
<input type="checkbox"/>	LANYARD				\$ 3.000
				COST (\$)	
				TOTAL COST INCLUDING 11% V.A.T(\$)	

AT THE FOLLOWING PAYMENT TERMS

100% ON APPLICATION OF EITHER ITEMS ABOVE

PAYMENT SCHEDULE & PROCEDURE

1. 100% payment within 20 days of stand reservation. Return of contract confirms your attendance. Receipt of payment confirms your stand location.

Failure to payment within 20 days means your stand position may be reallocated.

2. Cheque: please make check payable to: **MCE GROUP SARL**

3. Bank transfer: The account details will be sent with the invoice

We hereby confirm our participation at the above-mentioned exhibition and we confirm our acceptance of the Rules & Regulations attached to this contract.

The execution of this application and its receipt by the organizing company is deemed conclusive evidence of the applicant's agreement to pay the full fees due from that moment.

The application is non-cancellable by the Applicant. Applicant further acknowledges that the organizing company, having incurred expenses as a result of the contract/application, is not required to refund any of the fees and that the organizing company is also entitled to any unpaid amounts that may be owed to it by the applicant.

FAX TO: 00961 9 900111

SIGNATURE & STAMP		DATE	
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