Exhibition Space Form

DUBAI IHF 2011
37th World Hospital Congress

International Hospital Federation
37th World Hospital Congress
8 - 10 November, 2011 | Atlantis Hotel, Dubai - UAE

Please return this form to :

INDEX® Conferences & Exhibitions Organisation Est.
P.O. Box : 13636, Ibn Sina Bldg. #27 Block B, Office 203, Dubai Health Care City, Dubai, United Arab Emirates
Tel : +971 4 3624717, Fax : +971 4 3624718, E-mail : index@emirates.net.ae / ihfdubai@index.ae • Website : www.ihfdubai.ae

This is an application form (please tick ☑ a box):

☐ Booth Space including shell scheme (Minimum space 9 sqm.)
☐ Booth space only (Minimum space 27 sqm.)

Stand No. .....
(For Organiser Use only)

Shell Scheme Stand ($ 475 per sqm):
Space required (sqm) Total
..... x $ 475 .....

Space Only Stand ($ 440 per sqm):
Space required (sqm) Total
..... x $ 440 .....

Grand Total: $.....

- Applications received before 10th June must be accompanied by 50% deposit to confirm reservation of space (with the balance payable on 10th June 2011).
- Applications received after 10th June must be accompanied by full payment in order to be considered.

Mode of Payment:

☐ Cheque ☐ Bank Transfer ☐ Credit Card

For Cancellation, please refer to the reverse side Condition No. 11 (A to F)

1. Credit Card Payment

☐ **Visa** ☐ **Master Card**

Credit Card No. :

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name on Card : .....

Expiry Date : ..... Signature : .....

2. Payment can be made by Direct Bank Transfer to:
INDEX® Conferences & Exhibitions Organisation Est.
Account No. 1012012755301
Bank Swift Code: EBILAEAD
Emirates NBD, Oud Metha Branch
P.O. Box 13636, Dubai - U.A.E.

Exhibiting Company :

.....
Contact Name : .....
Designation : .....
Address : .....
P.O.Box : .....
City : ..... Country : .....
Tel : .....
Mobile : .....
Fax : .....
E-mail : .....
Website : .....

Billing Data :

If Billing Data same as above please tick ☑ ☐
Company Name : .....
Contact Person : .....
Address : .....
P.O. Box : .....
City : ..... Country : .....
Tel : .....
Mobile : .....
Fax : .....
E-mail : .....

We agree to abide by all provisions, rules and regulations, which are part of this contract.

Name : .....
Date : .....

Signature : .....

Company Stamp : .....