



EXHIBITION & SPONSORSHIP BOOKING FORM

Booking Procedure

Please note that sponsorship, exhibition space and sponsorship items will be allocated on a first come first served basis and ONLY upon receipt of a completed booking form.

Contact Name

Company		Product
Address		
		Postcode
Telephone	Fax	Email

Sponsorship package (s) requested

1.	£
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Sponsor star items included in package entitlement Star value per item ****

1.	
2.	
3.	
4.	

Additional sponsor star items Star value per item ****

1.	
2.	
3.	
4.	

Total cost of additional star items (<i>individual stars £1,000 +VAT</i>)	£
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Size or area required m x m
Additional space can be purchased – please inquire for details

Shell scheme <input type="checkbox"/>	Space only <input type="checkbox"/>	Block preference		
		1 st	2 nd	3 rd

TOTAL AMOUNT PAYABLE: £.....

Cheque enclosed for £ Payable to 'RCOG World Congress 2016'

(Or) Please send an invoice quoting Purchase Order No:

IMPORTANT: Please ensure that Purchase Orders are made to RCOG World Congress 2016

Name and address to which invoices should be sent:

Accounts Payable Contact Details:

Name:

Email address:

Telephone number:

Payment terms:

Payments must be received within 30 days of the invoice date or prior to the commencement of the Congress, whichever is sooner.

Confirmation: I confirm that I:

1. Have read the terms and conditions on the following page and agree to be bound by them
2. Understand the cancellation charges explained on the following pages
3. Am authorised to sign this document on behalf of the company named above
4. I understand that, whilst every endeavour will be made to adhere to the published layout of the exhibition, the Organisers shall be entitled to vary the layout depending on final Exhibition sales if, in their opinion, this is in the best interests of the exhibition.

Signature:**Printed Name:****Date:**

Please return this form to:

Jim Lucas
RCOG World Congress 2016,
Hampton Medical Conferences Ltd,
Rapier House
4-6 Crane Mead
Ware
Hertfordshire
SG12 9PW
U.K.

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