

Wound Prevention Conference

Exhibition space booking form

Please complete this form in BLOCK CAPITALS or typeface

Please indicate your choice of stand(s)

Stand prices are listed on the floor plan

| | Stand No. | Stand size | Net cost of stand |
|------------------------|----------------------|--------------------------------------|---|
| 1 st Choice | <input type="text"/> | <input type="text" value="3 x 1 M"/> | <input type="text" value="£795 + VAT"/> |
| 2 nd Choice | <input type="text"/> | <input type="text" value="3 x 1 M"/> | <input type="text" value="£795 + VAT"/> |
| 3 rd Choice | <input type="text"/> | <input type="text" value="3 x 1 M"/> | <input type="text" value="£795 + VAT"/> |

Please contact me to discuss the following sponsorship opportunities:

1. Contact details of person to receive all further exhibition information

Company name:

First Name: Surname:

Job Title: Phone No:

Email: Fax No:

Address:

2. Payment details – tick appropriate box

- Cheque to follow made payable to 'Fitwise Ltd. A 'paid' tax invoice will be sent to the address you indicate below on receipt of cheque.
- BACS payment to Fitwise Management Account. Account No. 10325314 Sort code: 83-51-00 Please fax remittance advice to 01506 811477. Expected payment date _____
- Invoice. A copy of your Purchase Order paperwork must accompany this booking form in order for it to be processed.

Contact person for payment queries or problems (if different from above):

Name: Job Title:

Phone No: Email:

Where to send the invoice (if different from above):

Invoice Address:

City: Postcode:

Special instructions:

Conditions of booking

By returning this booking form, you are accepting the terms and conditions laid out in the Exhibition Prospectus
Cancellations: Refunds for stands, which are cancelled, will only be made in the event of the cancelled stand space being resold.

| | |
|------------------|----------------------|
| For official use | |
| Invoice by | <input type="text"/> |