

## EXHIBITION SPACE ORDER FORM

Please complete and return to the ICALEPCS2017 Technical Secretariat:

**Fax + 34 932 210 211** – Email: [icalepcs2017@mondial-congress.com](mailto:icalepcs2017@mondial-congress.com)

### Company Information

Company Name (for invoice): .....

Company Name \*: .....

Address: .....

City, Postal Code: ..... Country: .....

VAT Reg. No: ..... Contact Person: Title: ...Mr. / Ms.:.....

Family Name: ..... First Name: .....

Telephone: ..... Fax: .....

E-Mail \*\*:..... Mobile: .....

\* Mentioned on web and in final program

\*\*Compulsory field as all correspondence will be sent by email!

### We hereby apply to exhibit at the Conference by booking:

Space/s nr/s.	Total m <sup>2</sup> /sq. m	Rate m <sup>2</sup> /sq. m Early bird	Rate m <sup>2</sup> /sq.m From March 11	Rate m <sup>2</sup> /sq. m From June 11	Total
		EUR 400,-	EUR 450.-	EUR 500,-	EUR.-
				VAT 21%	EUR.-
				TOTAL	EUR.-

Special Notes: Please indicate if your stand must be located adjacent to or opposite the following companies, or if special configuration is needed:.....

### Payment Conditions:

All payments must be made in EURO (EUR). To guarantee the reservation, a down payment of 50% will be invoiced upon receipt of the exhibition order from and is due for payment upon receipt of the invoice. The final balance is due by June 10, 2017. For bookings made after June 10, 2017, the full amount is due at the time of application.

In the name of and on behalf of the company, I consent and undertake to comply with the general rules and obligations as an exhibitor from the moment I sign this contract, we pay the 50% of the total cost through bank transfer to: Mondial & Cititruvel Congressos. Caixa Bank, **IBAN: ES80 2100 9445 9322 0026 9388, SWIFT CAIXESBBXXX** and the difference will be paid before June 10, 2017

Place and date of signature	Company signature and stamp
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ICALEPCS2017 Technical Secretariat:

Mondial & Cititruvel Congressos, S.L.

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