

Exhibition Registration Form



PLEASE COMPLETE IN CAPITALS

Company Name _____ Nature of Business _____
 Contact Name _____ Position _____
 Tel _____ Fax _____ Email _____
 Address _____

Exhibition Fees in USD

Please tick the appropriate boxes <input checked="" type="checkbox"/>	USD/1sqm	Size /m ²	Cost \$
<input type="checkbox"/> Modular stands/m². This includes: Carpeted floor space, Back & side walls, 1 table with cloth, 2 chairs, Exhibitor name & stand number on fascia panel, 2 spotlights supplied/stand, General Cleaning, Hall Security, Listing on website & 50 word exhibitor description in Catalogue, 2 lunch coupons Stand No:	350.00		
<input type="checkbox"/> Space Only stands/m². This includes: (Carpeted floor space, Hall Security, Listing on website, 50 word exhibitor description in Catalogue, 3 lunch coupons) Minimum space 36sqm: Stand No:	300.00		

Other Options For Participation

Exhibition Catalogue	Cost		
<input type="checkbox"/> Outer Back cover	\$ 2,500.00	<input type="checkbox"/> Congress bags: Each registered participant in the Health Management conference will be given a bag containing the conference kits. Your support to cover the cost for the production and handling of these bags will be acknowledged in the catalogue ; also the logo of your company will be printed in one colour very visibly on the open inside cover of the bags.	\$ 4,000.00
<input type="checkbox"/> Inside Front / Back Cover	\$ 2,000.00 / each		
<input type="checkbox"/> 1 Page Advert	\$ 1,000.00		
<input type="checkbox"/> Necklace Badges: enables you to display your Company logo on the necklaces	\$ 1,500.00		

Authorisation

I agree to the Mounassabattcom payment terms and conditions here below

Name _____ Signature _____
 Position _____ Date _____

Conditions & Method Of Payment

- 1- Thirty percent (30%) on signing of Application Form to secure your preferred location.
- 2- Fifty percent (50%) due by
- 3- Twenty percent (20%) due before the event on maximum

- Direct Bank Transfer*
 * An additional US\$ 40 handling fee will be charged.
 Cash Cheque

All Payments of the above mentioned options to be made to the following bank account to the order of Mounassabattcom for Congresses & Exhibitions , PO Box 2914 , Jounieh , Lebanon or by Bank Transfer to : Mounassabattcom (Mrs.Yamine) Bank of Beirut , Kferaaka Branch (US\$) 024-011- 402- 303299- 00-0.

We hereby confirm our participation in MedHealth Beirut 2007 & we confirm our acceptance of the rules and Regulations mentioned in Appendix no.2 & attached to this Contract. The signature of this contract & its receipt by Mounassabattcom is deemed final acceptance of the Applicants Agreement to pay the full fees due starting from signature date. The application is non – cancelable by the Applicant. In case this latter cancelled his participation, Mounassabattcom is not obliged to refund any of the fees & has the full right to claim any unpaid amount to be settled by the applicant. In order to preserve its rights, the exhibitor is obliged to sign the three Appendixes: (Reservation form agreement • Rules & Regulations • Floor Plan)

