



COMPANY DATA

EXTRA FURNITURE/SERVICES FORMS

A. CATALOG DATA:

Company's Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Area in SQ.M.: _____ Booth Code: _____

Mark you Exhibition: _____ EgyMedica / EgyLab / AAP _____

Contact Person: _____ Designation: _____

Displayed Products: _____

Company Brief: _____

B. EXTRA FURNITURE/ SERVICES:

Please fill the corresponding box with an X if you want that extra service, if you do, then please type any extra information in the corresponding field (Item Code, Service info, etc...)

Extra Furniture Item: _____ Code: _____ Cost: _____ USD

Item: _____ Code: _____ Cost: _____ USD

Item: _____ Code: _____ Cost: _____ USD

Extra Advertising Item: _____ Code: _____ Cost: _____ USD

Item: _____ Code: _____ Cost: _____ USD

Item: _____ Code: _____ Cost: _____ USD

Extra Catalogue Advertising No. of Cover Pages: _____ x 900= _____ USD

No. of Inside Pages: _____ x 700= _____ USD

Florist _____

Photography _____

Equipment (LCD/LED, VCR, Etc...) _____

Ushers/ Translators/ Staff Members _____

Electrical Installations _____

Other _____

C. Company Name in English / Arabic: (please type each letter in a separate box to avoid any errors)



**THE 18th INTERNATIONAL
MEDICAL EXHIBITION AND
CONFERENCE IN CAIRO-EGYPT
FROM 3 TO 5 MAY 2018**

D. PAYMENT TERMS:

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- 1- After receiving this application, an invoice will be sent across to you.
- 2- The full payment should reach us within 10 days after signing this application form. And it must reach us before the exhibition starts with at least 3 days in case of late reservation.
- 3- All payments to be remitted to:
 - Account No.: 32-111-353
 - Account Name: Greenland Co.
 - Bank: CREDIT AGRICOLE EGYPT – Maadi Branch – Cairo – Egypt
 - Swift Code: AGRIEGDX

E. DECLARATION:

- I HAVE READ AND AGREED TO THE RENTING TERMS STATED IN THIS DOCUMENT, AND I GUARANTEE THAT ALL THE RENTED FURNITURE/ EQUIPMENT WILL BE RETURNED IN THE SAME STATE THAT I HAVE RECEIVED IT IN.
- I HEREBY DECLARE THAT I AM AUTHORIZED TO APPLY FOR THE EXHIBITION AND MAKE THIS COMMITMENT ON BEHALF OF THE ORGANIZATION.
- I AGREE THAT GREENLAND COMPANY CAN ADD ALL OF MY ORGANIZATION DETAILS IN THE EXHIBITION CATALOGUE.
- THIS FORM MUST BE SIGNED BY AUTHORIZED SIGNATORY OF THE COMPANY, STAMPED & RE-MAILED BACK TO RESERVE YOUR BOOTH.

CONTACT PERSON: _____
DESIGNATION: _____
COMPANY NAME: _____
SIGNATURE: _____

DATE OF THE CONTRACT: _____

SPACE CONFIRMED BY
GREENLAND

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#END OF THE TWO PAGES APPLICATION FORM#