



ISMM
International Society
for Mountain Medicine

EXHIBITOR APPLICATION/CONTRACT FORM

COMPANY NAME:
(USE BLOCK CAPITALS)

FASCIA NAME:

PRODUCTS:

ADDRESS:

E-MAIL:

TELEPHONE:

MOBILE:

CONTACT PERSON:

POSITION:

Total Exhibition Shell Scheme (9 sqm = 3m x 3m): **USD 1200 = USD**

Total Exhibition Shell Scheme (6 sqm = 2m x 3m): **USD 1000 = USD**

The Exhibition space comes with octonorm system stand with 1 Table, 2 Chairs, 2 Tube lights, 1 Plug Point (5 amp with 300 WATT) and Fascia.

Stand Numbers **Total = USD**

DATES & SCHEDULE

Exhibitors Set up : **November 21st, 1:00 PM - 4:00 PM**
Stand Clearance : **November 24th, 5:00 PM - 8:00 PM**

Opening Hours:

November 21st : 5:00 PM - 7:00 PM : Visitors
November 22nd : 8:00 AM - 5:00 PM : Visitors
November 23rd : 8:00 AM - 5:00 PM : Visitors
November 24th : 8:00 AM - 5:00 PM : Visitors

THIS APPLICATION/CONTRACT WILL NOT BE CONSIDERED UNLESS THE PAYMENT IS ENCLOSED

I hereby confirm that I have read and accepted the terms and conditions printed overleaf and that I am authorised as proprietor/partner/manager to sign this contract.

Company Stamp

Signature

Name:

Date: