



ESC Council on Cardiovascular Nursing and Allied Professions



12-13 March 2010, Geneva, Switzerland

Please sign and return this form by mail or fax to:

ESC - CCNAP 2010 Secretariat
The European Heart House,
2035 Route des Colles, Les Templiers, BP 179 - 06903 Sophia Antipolis Cedex, France
Fax: +33 (0)4 92 94 76 26 - Email: CCNAPexhibition@escardio.org

EXHIBITION SPACE APPLICATION FORM

- "First Come, First Served" Policy
- Stand Application deadline: **19 OCTOBER 2009**
- Print or use a typewriter to avoid misinterpretations & spelling mistakes
- Only signed forms with valid credit card details will be accepted

1. COMPANY NAME & ADDRESS The company name & address as it should appear in official listings			
Name:			
Contact Person:			
Address:			
Postal code:	City:	Country:	
Tel:	Fax:	Email:	
2. CORRESPONDENCE NAME & ADDRESS If the correspondence address above is different from the official address			
Name:			
Contact Person:			
Address:			
Postal code:	City:	Country:	
Tel:	Fax:	Email:	
3. APPOINTED COMMUNICATIONS AGENCY Alternatively give details of stand design agency if applicable			
Name:			
Contact Person:			
Address:			
Postal code:	City:	Country:	
Tel:	Fax:	Email:	
4. APPOINTED STAND CONSTRUCTION AGENCY An 'out of business hours' contact telephone number is required for logistics purposes			
Name:			
Contact Person:			
Address:			'Out of Hours' Tel:

5. BOOTH SIZE, DIMENSIONS Price €350 per m ² , Minimum 9 m ² . Special price for Publishers € 250 per m ² , Minimum 6 m ² .			
Size requested	Length in metres:	Depth in metres:	Area in m ² :
Height requested:		Publisher : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Postal code:	City:	Country:	
Tel:	Fax:	Email:	

6. STAND LOCATION – PROXIMITY TO COMPETITORS List any exhibitors you do not wish in proximity to your stand, by company name <i>Note that we cannot prevent companies assigned after you from being located in your neighbourhood</i>		
1.	2.	3.
4.	5.	6.

7. PRODUCTS / SERVICES List products / services to be exhibited at the Cardiovascular Nursing 2009 Meeting

8. ACCOUNTING DATA FORM		
1. Only one invoice address may be used		
2. In all cases a credit / charge card number must be supplied as payment guarantee		
3. In the event that an invoice remains unpaid after a settlement date, the ESC reserves the right to deny access to the Congress		
Company or agency to be invoiced:	Your Purchase Order Number:	
Company VAT number:		
Contact Person:		
Address:		
Postal code:	City:	Country:
Tel:	Fax:	E-mail:
Payment will be made by bank transfer (details will be given on the invoice) or by credit card (please fill in the following information) to ESC.		
<input type="checkbox"/> Visa	<input type="checkbox"/> Euro card / Mastercard	<input type="checkbox"/> Amex
Credit / Charge Card N°:	Expiry Date:	Cardholder's name:

9. AGREEMENT I hereby agree to be bound by the conditions of participation outlined in the Industry Prospectus of Cardiovascular Nursing 2010 Meeting.		
Date:	Contact Name:	Signature:

10. MISCELLANEOUS To add other information relevant to your application, please note it here

Cancellation Policy: Cancellations of stand should be sent by registered mail to Cardiovascular Nursing Secretariat.
If cancellation is received after the ESC launched the invoicing process and before 31 January 2010, 50% of the total due amount will be charged. If the Stand space is cancelled after 31 January 2010, the full stand rental fee will be charged.