EXHIBITION SPACE APPLICATION FORM

• “First Come, First Served” Policy
• Stand Application deadline: 2 NOVEMBER 2011
• Please complete with a computer or in BLOCK CAPITALS 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 (including agency)

Name:
Contact Person:
Address:
Postal code: City: Country:
Tel: Fax: Email:

3. APPOINTED STAND CONSTRUCTION AGENCY An ‘out of business hours’ contact telephone number is required for logistics purposes

Name:
Contact Person:
Address:
Postal code: City: Country:
Tel: Fax: Email:

‘Out of Hours’ Tel:

4. You can select either an Exhibitor Custom Package or a Stand Space Only. Please tick one of the 2 following options

☐ Exhibitor Custom Package - Price €2000 including 6m² space + furniture + electricity and internet access (more information are available in the Industry Prospectus).

☐ Stand Space Only - Price € 275 per m², Minimum 9 m². Special price for Publishers € 200 per m², Minimum 6 m². Specify here below the dimensions of the space needed.

Size requested

Length in metres:

Depth in metres:

Area in m²:

Height requested:

Publisher : Yes ☐ No ☐
5. STAND LOCATION – PROXIMITY TO COMPETITORS
List any exhibitors you do not wish in proximity to your stand, by company name. Note that we cannot prevent companies assigned after you from being located in your neighbourhood.

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6. PRODUCTS / SERVICES
List products / services to be exhibited at the 12th Annual Spring Meeting on Cardiovascular Nursing.

7. 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.

<table>
<thead>
<tr>
<th>Company or agency to be invoiced:</th>
<th>Your Purchase Order Number:</th>
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<tbody>
<tr>
<td>Company VAT number (mandatory for EU-based entities):</td>
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<tr>
<td>Contact Person:</td>
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<tr>
<td>Address:</td>
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<td>Postal code:</td>
<td>City:</td>
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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.

- [ ] Visa
- [ ] Euro card / Mastercard
- [ ] Amex

| Credit Card N°: | Expiry Date: | Cardholder’s name: |

8. AGREEMENT
I hereby agree to be bound by the conditions of participation outlined in the Industry Prospectus of the 12th Annual Spring Meeting on Cardiovascular Nursing.

| Date: | Contact Name: | Signature: **MANDATORY** |

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

Cancellation Policy:
Cancellations of stand should be sent by email or by fax to the Exhibition Department.
If cancellation is received after the ESC launched the invoicing process and before 31 January 2012, 50% of the total due amount will be charged. If the Stand space is cancelled after 31 January 2012, the full stand rental fee will be charged.
Only a registered email receipt or fax reception report will be accepted as proof of cancellation date.
Fax: +33 (0)4 92 94 76 26 – Email: CCNAPexhibition@escardio.org

Data Protection Disclaimer:
"You have personal data which is, according to the Law on data processing and Civil Liberties 78-17 of 6 January 1978, registered with the ESC.
You have the absolute right to access, amend and oppose any use of this personal data by contacting (in writing) the ESC National Society and Member Relations Department at the above-mentioned address. Unless otherwise informed, the ESC may send you information about its activities from time to time."