

# Frontiers in CardioVascular Biology

16 - 19 July 2010 - Berlin, Germany



**Please return this form to:**  
Industry Services Department  
The European Heart House, 2035 Route des Colles, Les Templiers, BP 179  
06903 Sophia Antipolis Cedex, France  
Tel: +33 (0)4 92 94 77 55 – Fax: +33 (0)4 92 94 76 26  
E-mail: [FCVBexhibition@escardio.org](mailto:FCVBexhibition@escardio.org)

## EXHIBITION SPACE APPLICATION FORM

**DEADLINE: 31 JANUARY 2010**

- Complete in MS Word or use a typewriter to avoid misinterpretations & spelling mistakes.
  - Only signed forms with valid credit card details will be accepted.

**PLEASE RETURN BY FAX TO: +33 (0)4 92 94 76 26 OR CONTACT [FCVBexhibition@escardio.org](mailto:FCVBexhibition@escardio.org)**

### 1. COMPANY NAME & ADDRESS The official company name & address as it should appear in the official listings

Name:

Contact Person:

Address:

Postal code:

City:

Country:

Tel:

Fax:

E-mail:

### 2. CORRESPONDENCE NAME & ADDRESS If the correspondence address is different from the official address above

Name:

Contact Person:

Address:

Postal code:

City:

Country:

Tel:

Fax:

E-mail:

### 3. APPOINTED COMMUNICATIONS AGENCY/APPOINTED BOOTH 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:

E-mail:

### 4. PREVIOUS CONGRESS PARTICIPATION

If your company exhibited under a different name previously or has since merged with another

Details:

<b>5. ACCOUNTING DATA</b>		
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 Frontiers in CardioVascular Biology 2010.		
Company or agency to be invoiced:		
Contact Person:		
Address:		VAT N° <b>Mandatory</b> PO N°
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 the ESC.		
<input type="checkbox"/> Visa	<input type="checkbox"/> Eurocard/Mastercard	<input type="checkbox"/> Amex
Credit card N°:	Expiry Date:	Cardholder's Name:

<b>6. PREFERRED STAND LOCATIONS, SIZE, DIMENSIONS</b> Price €2500, 9m <sup>2</sup> stand package including walls and basic furnishings			
Location	1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
Size Requested	Length in metres:	Depth in metres:	Area in m <sup>2</sup> :
Height Requested:	Remarks:		

<b>7. BOOTH SITE-PROXIMITY TO COMPETITORS</b> List any exhibitors you do NOT wish in proximity to your booth, by company name		
1.	2.	3.

<b>8. STORAGE SPACE</b>	
General storage required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Volume m <sup>3</sup> :

**Cancellations:**

Cancellations by Exhibitors should be made by letter addressed to ESC. If a reservation is cancelled by the Exhibitor after an invoice is received but before 30 April, of the year that the exhibition will take place, the amount paid will be refunded minus 50% of the total amount due. If a reservation is cancelled by the Exhibitor after 30 April 2010 no refund will be made and the total amount as invoiced is due.

**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"

<b>9. AGREEMENT</b> I hereby agree to be bound by the Frontiers in CardioVascular Biology 2010 GUIDELINES for INDUSTRY PARTICIPATION Only signed forms will be accepted		
Date:	Contact Name:	Signature: