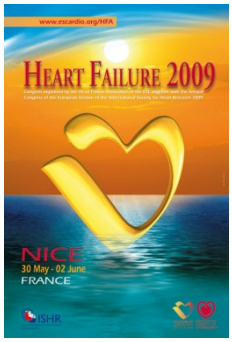


Ref : 3A1

ORDER FORM

PAYMENT INFORMATIONS 3

HEART FAILURE From 30/05/09 to 02/06/09

TERMS OF PAYMENT

A 15 % PENALTY will be added to every order form received after the deadline.

Order forms not accompanied by FULL PAYMENT INCLUDING VAT (bank check, bank transfer, credit card) will not be taken into account.

PLEASE RETURN THE ORDER FORMS BY POST, E-MAIL OR FAX BEFORE 30 of April 2009

SEAN NICE ACROPOLIS -
Direction Technique
Vente aux Exposants
1 Esplanade Kennedy
06300 - NICE FRANCE
Fax : +33 (0)4 93 92 82 30
Tel : +33 (0)4 93 92 82 00

Email : vente-exposants.acropolis@nice-acropolis.com

PAYMENT WITH ORDER

By Bank check to : **Société d'Exploitation de l'Acropolis de NICE**

OR

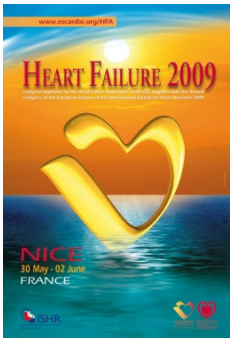
By Bank transfer to : Société **d'Exploitation de l'Acropolis de NICE**
Banque : BNP PARIBAS - LYON METROPOLE ENTREPRISES
Le Bonnel
20, rue Villette
69003 LYON - FRANCE
Swift /Bic : BNPAFRPPLPD
RIB : 30004 02249 00010941791 84
IBAN : FR76 3000 4022 4900 0109 4179 184

OR

By credit card (see next page)

Please send a single payment for all your orders; all bank transfer costs are at your expense.

Ref : 3A2



ORDER FORM

CREDIT CARD / DEBIT AUTHORIZATION

3

HEART FAILURE From 30/05/09 to 02/06/09

Company name :

Address :

I hereby authorize NICE ACROPOLIS to charge my credit card :

☐ **AMERICAN EXPRESS** ☐ **CB/VISA** ☐ **MASTERCARD**

Card holder family name :

Card holder first name :

Birth date :

Card number :

CVC Code (please read hereunder):

*** VISA & MASTERCARD: please write the last three digits to be found on the signature space at the back of your card**
*** AMEX: please write the 4 digits to be found above the card number**

Expiration date :

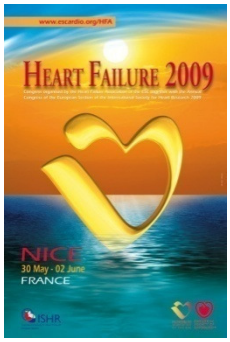
Sum in euros (EUR) :

Debit subject :

Date :

Signature :

Company stamp



Ref : 3A3

ORDER FORM

CONTACTS INFORMATIONS **3**

HEART FAILURE From 30/05/09 to 02/06/09

Deadline
30/04/2009

PERSON IN CHARGE OF THE STAND

Name :

Position :

Company name :

Address :

Tel :
Fax :
E-mail :

BILLING ADDRESS

Name of the financial manager :

Company name :

Billing address :

Tel :
Fax :
E-mail :

CONTACT PERSON ON THE STAND

Name :

Company name :

Address :

Tel :
Fax :
E-mail :

STAND BUILDER / CONTRACTOR (floor space only)

Name :

Company name :

Address :

Tel :
Fax :
E-mail :

WARNING : Order forms not accompanied by this form duly filled in and the full payment including VAT will not be taken into account.