

11-14 June, 2005, Lisbon, Portugal

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

FSC

Heart Failure 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 - E-mail: HFsponsorship@escardio.org

EXHIBITION SPACE APPLICATION FORM

- Applications accepted from: May 1st 2004
- "First Come, First Served" Policy
- Stand Application deadline: 5 November 2004
- 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:						
2. CORRESPONDENCE NAME 8	& ADDRESS If the correspondence address	above is differ	ent from the official address				
Name:							
Contact Person:							
Address:							
Postal code:	City:		Country:				
Tel:	Fax:	E-mail:					
3. APPOINTED COMMUNICATIONS AGENCY Alternatively give details of stand design agency if applicable							
Name:							
Contact Person:							
Address:							
Postal code:	City:		Country:				
Tel:	Fax:	E-mail:					
4. APPOINTED STAND CONSTR purposes	RUCTION AGENCY An 'out of business hou	rs' contact tele	phone number is required for logistics				
Name:							
Contact Person:							
Address:			'Out of Hours' Tel:				
Postal code:	City:		Country:				
Tel:	Fax:	E-mail:					

5. BOOTH SIZE, DIMENSIONS P	rice €400 pe	r m², Minimun	n 9 m². Special pri	ce for Publisher	rs €300 per	r m²		
Size requested Length in metre	es:		Depth in metres:			Area in m ² :		
Height requested:		Publishers: Yes No No						
6. 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								
1.		2.	<u> </u>		3.			
4.	5	5.			6.			
7. PRODUCTS / SERVICES List products / services to be exhibited at Heart Failure 2005 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 tra	nsfer (details	will be given	on the invoice) or	by credit card (p	olease fill in	the following information) to ESC.		
□ Visa] Visa ☐ Euro card		d / Mastercard		☐ Amex			
Credit / Charge Card N°: Expiry Date		Expiry Date:	:		Cardholder's name:			
10. AGREEMENT I hereby agree Meeting.				n outlined in the				
Date:		Contact Name:			Signature	e :		
11. 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 Heart Failure Secretariat.

If cancellation is received after the ESC launched the invoicing process and before 15/03/2005, 50% of the total due amount will be charged.

If the Satellite Symposium is cancelled after 15/03/2005 date the full stand rental fee will be charged.

"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."