

HEART FAILURE 2007



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

Heart Failure Association of the ESC
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: <u>HFexhibition@escardio.org</u>

EXHIBITION SPACE APPLICATION FORM

- Applications accepted from: **June 17 2006**
- ? "First Come, First Served" Policy
- ? Stand Application deadline: 3 November 2006
- ? 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

5.

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:			E-mail:			
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: E-ma			E-mail:	:		
3. 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:			
4. EXHIBIT SIZE, DIMENSIONS Price €440 per m², Minimum 9 m². Special price for Publishers €330 per m²								
Size requested	ize requested Length in metre			Depth in metres:			Area in m ² :	
Height requested:				Publishers : Yes □ No □				
Postal code:		City:				Country:		
Tel:		Fax:		E-mail:				
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								
1.		2.				3.		

6.

6. PRODUCTS / SERVICES List products / services to be exhibited at Heart Failure 2007 Meeting									
7. ACCOUNTING DATA 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	d:	Your Purchas		se Order Number:					
Company VAT number (mandatory for EU-based entities):									
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.									
□ Visa		☐ Euro card / Mastercard		☐ Amex					
Credit / Charge 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 Heart Failure 2007 Congress									
Date:		Contact Name:		Signature:					
9. MISCELLANEOUS To add other information relevant to your application, please note it here									

Cancellation Policy: Cancellations of exhibits should be sent by registered mail to the Secretariat of the HFA of the ESC.

If cancellation is received after the HFA of the ESC launched the invoicing process and before 16/02/2007, 50% of the total due amount will be charged.

If the Stand is cancelled after 16/02/2007, the full stand rental fee will be charged. Only a registered letter receipt or fax reception report will be accepted as proof of cancellation date.

"You have personal data which is, according to the Law on data processing and Civil Liberties 78-17 of 6 January1978, 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."