



Nuclear Cardiology and Cardiac CT

10 May – 13 May 2009, Barcelona, Spain

Please return this form to:
 The Exhibition and Congress 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 76 17 - Fax: +33 (0)4 92 94 76 26
 E-mail: ICNCexhibition@escardio.org

EXHIBITION SPACE APPLICATION FORM

DEADLINE: 28 NOVEMBER 2008

- 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 ICNCexhibition@escardio.org

1. COMPANY NAME & ADDRESS The official 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.			
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:	

5. PREFERRED BOOTH LOCATIONS, SIZE, DIMENSIONS Price €345 per m ² , reduced price for publishers €230 per m ²			
Location	1 st choice:	2 nd choice:	3 rd choice:
Size requested	Length in metres:	Depth in metres:	Area in m ² :
Height requested:			

6. BOOTH SITE – PROXIMITY TO COMPETITORS List any exhibitors you do not wish in proximity to your booth, by company name.
Note that we cannot prevent companies assigned after you from being located in your neighbourhood

1.	2.	3.
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7. STORAGE SPACE

General storage required	Yes No	Volume m ³ :
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8. 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 ICNC9.

Company or agency to be invoiced:

Contact Person:

Address:	VAT No:
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Postal code:	City:	Country:
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Tel:	Fax:	E-mail:
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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
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Credit / Charge Card N°:	Expiry Date:	Cardholder's name:
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9. AGREEMENT I hereby agree to be bound by the GUIDELINES for INDUSTRY PARTICIPATION in ICNC9

Date:	Contact Name:	Signature:
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Cancellations

*Cancellations by Exhibitors should be made by letter addressed to ESC. If a reservation is cancelled by the Exhibitor after an invoice has been raised but before **31 January 2009**, a 50% cancellation fee will apply. If a reservation is cancelled by the Exhibitor after 31 January 2009, a 100% cancellation fee will apply.*

"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."