

ORDER FORM FOR EXHIBITION SPACE

Please complete and return this form to the Professional Exhibition Organiser either by mail or fax

INTERPLAN AG

c/o ERS Annual Congress 2010 PEO

Albert-Rosshaupter-Strasse 65

DE-81369 Munich, Germany

Tel: +49 89 54 82 34 34, Fax: +49 89 54 82 34 45

E-mail: ers2010exhibition@interplan.de

Deadline: By November 30, 2009 for Major Sponsors

First-come, first-served basis for Non-Major Sponsors

Details of the Exhibitor

Company/Organisation Name:

Address:

City:

County/State:

Country:

Postcode/Zip code:

Tel:

Fax:

E-mail:

Website:

Contact person

Ms Mrs Mr

Position:

E-mail (if different):

Order number necessary:

yes no

Order number _____

Order number will be provided later on (within 4 weeks after booking at the latest)

Stand requirements

We hereby request:

_____ sqm exhibition space at ERS Barcelona 2010

Price per sqm EUR 598,- plus Spanish VAT (in 2009: 16%), minimum size: 9sqm

Requested size:

_____ m by _____ m

(measurements are meant as outside measurements and must be given in full metres only)

Preferred location:

1st choice:

2nd choice:

3rd choice:

Preferred choice valid for stand above 20 sqm until end of February

(please indicate zone, see Exhibition zone plan)

Co-Exhibitor Company Name:

Co-Exhibitor fee is EUR 1.295,- plus Spanish VAT (in 2009: 16%)

You will find the guidelines to data protection below. We ask you to read these and to confirm here as follows: I hereby declare my consent that all the information made by me to my person within the handling of the above mentioned congress filed, stored, processed and the demands made above can correspondingly be passed onto a third party.

Signature of official representative:

Print Name:

Date:

This application is a binding agreement depending on exhibition space and availability and according to the Rules and Regulations for ERS Annual Meetings. The ERS/PEO has the right to adjust the requested stand size according to the overall conception. By signing this form we, our directors, principals and employees and our contractors accept the contents of the prospectus, including all terms and conditions, rules and regulations contained therein and the rules and regulations of the location.

Data protection notice: Our company handles all personal data according to the laws of § 4 under the Federal Data Protection Act. For your registration to the Congress the collecting, saving and processing of your personal data is imperative. This is done solely as a means to the organisation and completion of the event. Your data will only be passed onto a third party, who is directly involved with the running of the Congress and when the organisational procedure makes this necessary (e.g. operator, congress center). The legislator requires us to obtain your consent. The registration to the congress is not possible if we do not get this.

I hereby declare my consent that all the information made by me to my person within the handling of the above mentioned congress is filed, saved, processed and the demands made above can correspondingly be passed onto a third party.

IMPORTANT COMPANY DETAILS

Please return this form together with your booking form and specify if invoice address or postal address where the contract and invoice should be sent is different from the details of the exhibitor address. Please also provide VAT Number in every case and Order Number if necessary to make the process as smooth as possible. Thank you in advance for your kind assistance.

Company address to be mentioned in the contract:

Company:	
Address:	
ZIP:	City/Country:

Postal address the contract has to be sent to (in case it is someone different from the contact person):

Company:	
Contact person:	
Address:	
ZIP:	City/Country:

Invoice address: (important: complete company name, e.g. Company XY GmbH & Co. KG)

Company:	
Contact person:	
Address:	
ZIP:	City/Country:
Value added tax identification number (only for companies of the EU):	

Postal address the invoice has to be sent to: (e.g. address of the sales representative)

Company:	
Contact person:	
Address:	
ZIP:	City/Country:

Company details to be mentioned at the Advanced Programme and on the website:

(e.g. XY-Pharma AG, Ravensburg, DE). For the Exhibitors' Guide you'll receive further information.

--

City, Date

Signature / Stamp

I confirm that the above information is correct.

Please note: If specified details are not available to us, the ERS/PEO will only use the information that we currently have on record, and cannot guarantee the completeness or correctness of the contents. For subsequent changes of the invoice/contract addresses a handling fee of € 150,00 will be charged.