

Exhibitor application form



Exhibitor name:

INVOICING DETAILS

Organization name: (If different from above):

Address:

.....

City: Zip/Postal Code: Country:

VAT registration/Tax ID number: PO number (If applicable):

Main contact details

Title: First name: Surname:

Telephone: Email:

Stand location preference In order of preference, please select your booth choice:

1st choice	2nd choice	3rd choice

Booth type and size

Please tick either raw space or shell scheme and complete the m² in the table.

Raw space booth (Minimum 12m²)

	Price per m ² *	m ² requested
Standard (1 side open)	US \$480	
Corner (2 sides open)	US \$500	
Peninsula (3 sides open)	US \$550	
Island (4 sides open)	US \$600	

Shell scheme booth

	Price per m ² *	9m ² or 18m ²
Standard (1 side open)	US \$530	
Corner (2 sides open)	US \$550	
Peninsula (3 sides open)	US \$600	

Payment and agreement Amount due:.....USD

Bookings received before December 1, 2020 will be invoiced a 50% deposit payable within four (4) weeks; 100% thereafter.

By submitting this form, the signee acknowledges that they agree with the WCN'21 Codes of Practice and Terms & Conditions and agrees to be bound by all terms contained herein.

Authorized signature	
Printed name	
Job title	
Date	