

BADGES SCANNING REQUIREMENT FORM

Date: _____

| COMPANY INFORMATION | |
|---------------------|--|
| Exhibiting Company | |
| Booth number | |
| Contact person | |
| E-Mail | |
| Mobile Phone | |
| Country | |

| BADGE SCANNING DETAILS | | |
|-------------------------------|---|--|
| Quantity | | |
| Date(s) and hours | <pre> Friday, April 12th Saturday, April 13th Sunday, April 14th Monday, April 15th</pre> | |
| Total amount of hours per day | | |
| Staff requirement | Yes /No | |
| Activity | Booth:Yes /No | |
| | Symposium:Yes /No | |
| Remarks | | |

| VALUE AND INCLUDED SERVICES | | |
|--|--------------------------------------|--|
| Value | USD 130 – per day, per badge scanner | |
| Included services | - Badge | |
| | - Attendees information | |
| This value is based on current cost (October 2023) and is subject to change. | | |
| This value does not include Staff services. | | |
| If there are any different and/or extra requirements, please specify them on the REMARKS field above. | | |

| DEADLINES AND PAYMENT TERMS | | |
|---|------------------|--|
| Deadline for requirements and payments | March 15th, 2024 | |
| In case requirements are made less than 30 days prior to the Congress, full amount payment for the service should be immediate. | | |
| For Bank Account information, please contact Florencia Vaccaro – florencia.v@metgroup.com.ar | | |

| BILLING INFORMATION | |
|---|--|
| Company's registered name Company's registered name (E.g: | |
| ID, Razón Social) | |
| Company's ID number (E.g: CUIT, RFC, CC, RUC, DUI, RUT) | |
| Address | |
| Zip Code | |
| Country | |
| PO Number (if applicable) | |
| Other remarks for invoicing and payments | |

