

## **CONTRACT TO EXHIBIT**

To reserve exhibition space please fill in the required details below and fax or e-mail the completed form to the Conference Secretariat

Company Name: (For Invoicing)	
Company Name: (For Exhibition Facia)	
Fascia's are limited to 22 characters	
Exhibition Contact Person:	
Mailing Address:	
Postal Code:	Country:
Telephone:	Fax:
E-mail:	Website:
in September 2017 and require the following:  FULL SCHELL SCHEME STAND	
We require x 9m² stand with full Schell Scheme package at ZAR 70 000.00	
EXHIBITION SPACE ONLY	
We require x 9m² exhibition space only at ZAR 65 000.00	
STAND NUMBER	
Please list the stand number/s of your choice - Stand Number/s First Choice:  If your first choice is not available, please indicate your 2nd or 3rd choice Second:  Third:	
CONTRACT	
Signed on behalf of the company	
Signature:	Name:
Designation:	Date Signed:

To confirm your booking a 50% deposit payment is due within 30 days of receipt of invoice. The balance is due 60 days prior to the event.

By signing the above I hereby confirm that I am duly authorised to sign on behalf of the company. We agree to the standard terms and conditions and any written amendments that may be imposed by the organisers. Failure to attend, pay timorously or otherwise comply with the organisers regulations can result in cancellation and payment of consequential damages. This offer is not provisional; it creates a binding contract upon acceptance by the organisers.

www.ihha2017.co.za

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