# **EXHIBITION BOOKING FORM**

Please complete and send to:

1 <sup>st</sup> International Conference on Drug Desig Ms. Hasina Habib Executive Suite Y - 26 P. O. Box 7917, Saif Zone Sharjah U.A.E. Tel: +971-6-5571132 Fax: +971-6-5571134 Email: Email: exhibition@icddd.com	jn & Discovery
CONTACT NAME:	
COMPANY NAME:	
ADDRESS:	
POST/ZIP CODE:	COUNTRY:
TELEPHONE:	FAX:
EMAIL:	WEBSITE:

I would like to book the following Sponsorship Items:

WE HEREBY APPLY TO BOOK EXHIBITION SHELL SCHEME SPACE, THE COST OF WHICH IS US\$ 3000 PER BOOTH.

Choice	Number of Booth(s) Required	Stand Number (s)	Total Price
1st Choice			
2nd Choice			
3rd Choice			

] Payment has been made by cheque /transfer, ple	ease forward me final confirmatio	n and
invoice.		

 $\Box$  Please send me a first deposit invoice for 50% of the total amount due.

 $\Box$  We have read the terms & agree to observe & be bound by them.

# **EXHIBITION**

The commercial/technical Exhibition will be held at DWTC, Dubai, UAE

### PROPOSED DATES: (Subject to Change)

Set up times: February 3, 2008: all day

Exhibition Opening Hours (Subject to change):

Sunday, February 4, 2008:	9:00 - 17:00
Monday, February 5, 2008:	9:00 - 17:00
Tuesday, February 6, 2008:	9:00 – 17:00
Wednesday, February 7, 2008:	9:00 - 12:00

Dismantling / Breakdown times:

Wednesday, February 7, 2008: from 12:00

### SHELL SCHEME RENTAL

The price for shell scheme is US\$ 3000 per booth. This includes:

- Exhibitors' badges
- Shell scheme frame, basic lighting, electrical socket (500 W)
- Fascia panel with standard lettering
- 100 word company / product profile in the Final Program
- Cleaning of public areas and gangways



### ALLOCATION OF EXHIBITION SPACE

Space Allocation will be made on a "first-come-first-served" basis. Platinum sponsors will be given priority. A completed Booking Form and Contract should be faxed / emailed to ensure reservation of a desired location. Upon receipt of the Booking Form and Contract, space allocation will be confirmed and an invoice will be mailed. Please note that three alternative choices should be clearly indicated on the application form. Space allocations will be made in the order in which application forms are received along with payment.

#### **EXHIBITOR REGISTRATION**

All exhibitors are required to be registered and will receive a badge displaying the exhibiting company's name. Two attendants will be allowed 'FREE' and will be provided with exhibitor badges for the each booth booked. Any additional exhibitors will be charged an exhibitor registration fee of US\$ 150.

### **EXHIBITOR PROFILE**

A 100-word Exhibitor Company/Product profile displayed at the Exhibition will be published in the list of exhibitors in the official program and must be submitted electronically by e-mail to info@icddd.com

### PAYMENT METHODS

Option 1: Payment by cheque. Please make cheques payable to: Eureka Science FZC Ltd. Option 2: Payment by Bank Transfer. Please make drafts payable to Bank: Emirates Bank International, Bank Swift No. EBILAEAD. Account Number: 0022 385556120. Bank charges are the responsibility of the payee.

### CANCELLATION POLICY:

Cancellation must be made in writing to:

Ms. Hasina Habib Executive Suite Y - 26 P. O. Box 7917, Saif Zone Sharjah U.A.E.

Tel: +971-6-5571132 Fax: +971-6-5571134 Email: exhibition@icddd.com

The organizers shall retain:

- 10% of the agreed package amount if the cancellation is made on or before September 2, 2007
- 50% of the agreed package amount if the cancellation is made between September 2, 2007 and October 2, 2007.
- 100% of the agreed package amount if the cancellation is made after October 2, 2007