

EMIS NUG Annual Conference and Exhibition 2019 Booking Form

YORK RACECOURSE

25-27 SEPTEMBER 2019

COMPANY DETAILS

Company Name:

Contact Name:

Position within Company:

Product:

Address:

Postcode:

Tel:

Mobile:

E-mail:

EXHIBITION SPACE REQUESTED

Preferred Stand Number

Stand Size

Cost (excl. VAT)

£

£

£

SPONSORSHIP/EXHIBITION PACKAGE REQUESTED

Item

Cost (excl. VAT)

SPONSORSHIP ITEM(S) REQUESTED

Item

Cost (excl. VAT)

TOTAL

Net amount payable

Plus VAT

Total

Invoicing details

Your PO number
(Please ensure the Purchase Order is made out to EMIS NUG c/o Hampton Medical Conferences)

No:

ACCOUNTS PAYABLE CONTACT DETAILS

Name:

Email address:

Work:

Payment must be made within 14 days of receipt of invoice or before the conference commencement date, whichever day comes first.
Your booking will be finalised and confirmed once payment has been received.

I confirm that:

1. I have read the [terms and conditions](#) and agree to be bound by them
2. I understand the cancellation charges explained in the terms and conditions
3. I am authorised to sign this document on behalf of the exhibiting company
4. I understand that, whilst every endeavour will be made to adhere to the published layout of the exhibition, the Organisers shall be entitled to vary the layout depending on final exhibition sales if, in their opinion, this is in the best interests of the exhibition.

Signed:

Position:

Company:

Date:

PLEASE RETURN THIS FORM VIA EMAIL TO EMISNUG@HAMPTONMEDICAL.COM