## **IV Therapy and OPAT Conference 2020**

## **Exhibition space booking form**

Please complete this form in BLOCK CAPITALS or typeface

	Stand No.	Stand size	Net cost of stand
1 <sup>st</sup> Choice		Table Top	£850 + VAT
2 <sup>nd</sup> Choice		Table Top	£850 + VAT
3 <sup>rd</sup> Choice		Table Top	£850 + VAT
	Please contact me to disc	cuss the following sponsorship opp	oortunities:
1. Contact deta	ils of person to receive all	further exhibition information	
Company name:			
First Name:		Surname:	
Job Title:		Phone N	No:
Email:		Fax 1	No:
Address:			
Cheque indicate below BACS p	on receipt of cheque. ayment to Fitwise Manage	'Fitwise Ltd. A 'paid' tax invoice w ment Account. Account No. 10325	-
		477. Expected payment date Order paperwork must accompany	this booking form in order
for it to be proc	essed.	oblems (if different from above):	
Name:	ior payment queries of pro	Job Title:	
Phone No:		Email:	

City:		Postcode:
Special instructions	5:	

## **Conditions of booking**

By returning this booking form, you are accepting the terms and conditions laid out in the Exhibition Prospectus Cancellations: Refunds for stands, which are cancelled, will only be made in the event of the cancelled stand space being resold.

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