



## Sharm El-Sheikh Dermatology Conference & Exhibition 23<sup>rd</sup> - 28<sup>th</sup> October 2010

### EXHIBITION SPACE CONTRACT

Please return this form to :

**Misr 2000 Medical Conference**

2 El-Gabal El-AKhdar Building, Nasr Road, Nasr City, Cairo, Egypt

Tel: +2 02 23425013 & Fax: +2 02 23422549

E-mail: misr\_2000@hotmail.com, khalid@misr2000online.net - Website: www.sharmderma.com , www.misr2000online.com

This is an application form (please tick  a box):

- Booth Space including shell scheme (Minimum space 6 sam.)  
 Booth space only (Minimum space 18 sqm.)

Stand No.: .....  
 (For Organiser Use only)

50% deposit is due upon signing the contract.

**Shell Scheme Stand \$ 525 Per sqm):**  
 Space required (sam) Total  
 ..... x \$ 525 .....

**Space Only Stand \$ 475 Per sqm):**  
 Space required (sam) Total  
 ..... x \$ 475 .....

Grand Total: \$ .....  
 50% Deposit \$ .....  
 (payable upon signing the contract)  
 Balance due on 1<sup>st</sup> September 2010 \$ .....

#### Other Activity

Number	Item	Total
1		
2		
3		
4		
5		
<b>Grand Total</b>		

**Mode of Payment:**

- Cheque  Bank Transfer

**Exhibition Company:**

Contact Name : .....  
 Address : .....  
 P.O.Pox : .....  
 City : .....  
 Country : .....  
 Tel. : .....  
 Fax : .....  
 E-mail : .....  
 Website : .....

Payment Can be made by Bank Transfer To  
 Bank Name : NSGB  
 Swift code: NSGBEGCX  
 Acc. holder Name : Misr2000medical conference ( Sharm Derma )  
 Acc.No:0037-0051-20310748253 USD-41  
 IBAN: EG45 0037 0051 203104825341  
 Currency : US \$ Swift code: NSGBEGCX  
 And send a copy of the bank transfer by fax number: 002 02 2342254  
 Attentions Mr. Khaled Gado (Managing Director)

We agree to abide by all Provisions, rules and regulations, which are part of this contract.

Name : .....  
 Date : .....  
 Signature.....  
 Company Stamp .....