



**FUTURE  
HEALTHCARE 2020**  
EXHIBITION & CONFERENCE  
17-18 March 2020 Olympia London

# STAND BOOKING FORM

Stand Type	Stand rate incl electrical & furniture package*	Stand Rate
Shell Scheme Inline Stand	£495 per m <sup>2</sup>	£425 per m <sup>2</sup>
Shell Scheme Corner Stand	£560 per m <sup>2</sup>	£490 per m <sup>2</sup>
Space Only Stand		£365 per m <sup>2</sup>
Premium Stand Position +10%		

\*Includes 1x 500w socket, 1x track with 3 spotlights, 2 chairs and 1 table

## TO BE COMPLETED BY THE EXHIBITOR

If neither of the choices below are available, then the nearest alternative will be offered. **VAT will be applied where applicable**

	STAND NO	STAND TYPE	OPEN SIDES	DIMENSIONS	NET SIZE	COST/SQM	PREMIUM	PRICE
1st CHOICE		<input type="checkbox"/> Shell (1 side open) <input type="checkbox"/> Shell corner <input type="checkbox"/> Space		X m	sqm	£	%	£
2nd CHOICE		<input type="checkbox"/> Shell (1 side open) <input type="checkbox"/> Shell corner <input type="checkbox"/> Space		X m	sqm	£	%	£

**Data Capture Package**, one licence fee, unlimited users

£99.00

### EARLY BIRD OFFER:

Book your Enhanced Show Guide entry now and save £100!

Includes: In print: Full company contact details – 120 words, colour logo, full contact details.

Online: 120 words, colour logo, contact details and weblink.

Price £120

## COMPANY DETAILS Please print clearly in block capitals

COMPANY NAME	TOWN
PERSON RESPONSIBLE FOR EXHIBITION CORRESPONDENCE	COUNTY/COUNTRY POSTCODE
POSITION IN COMPANY	TELEPHONE
ADDRESS	EMAIL

**PAYMENT TERMS** | 50% DEPOSIT DUE ON ALLOCATION | 50% DUE BY 13 DECEMBER 2019

### TO BE SIGNED BY AUTHORISED SIGNATORY OF THE EXHIBITOR

We agree to pay the total cost shown above (plus VAT where applicable) and that we will make payment of the amounts shown above on or before the due dates shown. We confirm that we have read, understood and agree to fully comply with the Terms and Conditions, and have retained a copy for our own reference. I confirm I am an authorised signatory of the above company and sign below on its behalf.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NAME IN CAPITALS \_\_\_\_\_

POSITION IN COMPANY \_\_\_\_\_

### ACCEPTED FOR AND ON BEHALF OF PRI-MED GLOBAL EXHIBITIONS LTD

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NAME : DAWN BARCLAY-ROSS

POSITION IN COMPANY: EVENT DIRECTOR

**PLEASE RETURN  
CONTRACT TO**

Email [dawn@futurehealthcareuk.com](mailto:dawn@futurehealthcareuk.com)

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