

# BMFMS 2019 Booking Form

ASSEMBLY ROOMS, EDINBURGH

28 MARCH - 29 March 2019

## COMPANY DETAILS

Company Name:	
Contact Name:	
Position within Company:	Product:
Address:	
Postcode:	Tel:
Mobile:	E-mail:

## SPONSORSHIP PACKAGE(S) REQUESTED

Choice	Package	Stand Number	Stand Size	Cost (excl. VAT)
1				£
2				£
3				£

## EXHIBITION SPACE REQUESTED

Choice	Preferred Stand Number	Stand Size	Cost (excl. VAT)
			£
			£
			£
Please supply.....no. 13 amp connections (free of charge, 1 per stand)			£
If you require 1 x table and 2 x chairs for your shell scheme please indicate here:			
Please supply        trestle table(s) and        chair(s)			£
Please note furniture will be an additional charge of £30.00 + VAT			

## SPONSORSHIP ITEM(S) REQUESTED

Item	Discount (if applicable)	Cost (excl. VAT)

## TOTAL

Net amount payable	Plus VAT	Total

## INVOICING DETAILS

Your PO number (Please ensure the Purchase Order is made out to BMFMS c/o Hampton Medical Conferences)	No:
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## ACCOUNTS PAYABLE CONTACT DETAILS

Name:	
Email address:	
Work:	
Payment must be made within 30 days of receipt or before the conference commencement date, which ever day comes first. Your booking will be finalised and confirmed once payment has been received.	
I confirm that:	
<ol style="list-style-type: none"> <li>1. I have read the terms and conditions on the following page and agree to be bound by them</li> <li>2. I understand the cancellation charges explained in the terms and conditions</li> <li>3. I am authorised to sign this document on behalf of the exhibiting company</li> <li>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.</li> </ol>	
Signed:	Position:
Company:	Date:

PLEASE RETURN THIS FORM VIA THE ONLINE SUBMISSION LINK <https://events.rapiergroup.com/bmfms2019/spexbookings>