

88th Congress; European Orthodontic Society
Santiago de Compostela, 18th – 22nd June 2012

EXHIBITING CONTRACT

MR. / MRS.

Company:.....

Position

Address:..... **Postal Code.**

Town

Country..... **Company Tax Code**.....

Phone No. **Fax** **E-mail**.....

Purpose of the Company

Products to be exhibited.....

.....

Only Space

Modular Stand

Name LABEL.....

In the name of the company that I represent, I agree with the Regulation of Assistance and I commit myself to respect the general norms as well as my obligations as an exhibiting part from the moment of the signature of this contract,

At the same time, I pay 25% of the fee as a deposit for the requested space.

2nd payment: January, 16th 2012 (50%)

3rd payment: May, 2nd 2012 (25%)

1st Option Stand N^o _____ 2nd Option Stand N^o _____

Bank transfer to the account no. (NOVA CAIXA GALICIA)

N^o CTA: 2091 0300 47 3040150212
IBAN: ES03 2091 0300 4730 4015 0212
SWIFT: CAGLESMMXXX

(Place) _____, **(day)** _____ **(month)** _____ **2011**

Signed:

I would be interested in receiving the application form for extra furniture and extra services.

Please send this form with all the information required and the receipt of the deposit to: Technical Secretariat. Viajes Atlántico nº3 15702 Santiago de Compostela Tlf. +34 981 56 90 40 Fax+34 981 56 90 42. carolina@viajesatlantico.com alejandra@atlanticocongresos.com