

THE INTENATIONAL DENTAL SCIENTIFIC EXHIBITION

from 5 – 7 December, 2019 in HANOI City

Hanoi International Center For Exhibition (ICE). 91 Tran Hung Dao., Hanoi City

| | | APPLICA | ATION FORM | |
|---------------------------------|----------------------------------|---|--|---|
| Company's Nam | ıe: | | Address: | |
| Authorized Pers | on's Name: | | | |
| Tel.: | | Fax: | | |
| Displayed Produ | ıcts: | | | |
| | | We wo | uld like to book: | |
| A. Space Requi | rements: | | | |
| Each standard b | pooth of 9 sqr nter, 2 foldin | n (3m x 3m) include g chairs, 2 fluorese | booth(s) = es: Space, partitions, carpet, c cent tuves, outlet socket of 1 | ompany's name on fascia, 1 |
| Raw Space: | | | | |
| + Ind | door | 285 USD/sqm x | sqm = | USD |
| (Spa | ace only: Exhi | bitors shall set up b | pooth(s) at their own expenses | , minimum are 18 sqm) |
| B. Advertising | in the Officia | l Exhibition's Cata | alogue: | |
| Cover Page 2, 3 | , 4: Colour | 800 USD/page x | page(s) = | USD |
| Inside page: | + Colour: | 600 USD/page x | page(s) = | USD |
| | + B/W: | 300 USD/page x | page(s) = | USD |
| C. Other Requir | | | | |
| Note: 50% deporegistration, 50% | osit payment 6 remaining v | of booth fee and will be settled before | seminar (if register) will be receiving booth(s). In case on the before opening day. After | made within 30 days from f cancelling participation, we |

Please return this Form to:

deposit refund.

VINEXAD – Exhibition & Event

Add: 9 Dinh Le Str., Hanoi, Vietnam.

Tel.: (84.4) 38255546 Ext: 434 - Nguyen Minh Chau/ Cellphone: (84.90) 4811648

Fax: (84.4) 37911864 - Email: minhchauvinexad@gmail.com

Date:

Signature with Company's stamp

Deadline: 10/11/2019