

IV Therapy and OPAT Conference 2020

Exhibition space booking form

Please complete this form in BLOCK CAPITALS or typeface

	Stand No.	Stand size	Net cost of stand
1 st Choice		Table Top	£850 + VAT
2 nd Choice		Table Top	£850 + VAT
3 rd Choice		Table Top	£850 + VAT
	Please contact me to dis	cuss the following sponsorship oppo	ortunities:
1. Contact deta	ils of person to receive all	further exhibition information	
Company name:	r e		
First Name:		Curnama:	
riisi name.		Surname:	
Job Title:		Phone N	o:
Email:		Fax N	0.
		Taxiv	o
Address:			
 Cheque indicate below of the BACS p Please fax remining 	on receipt of cheque. ayment to Fitwise Manage ttance advice to 01506 811 A copy of your Purchase essed.	e 'Fitwise Ltd. A 'paid' tax invoice will ement Account. Account No. 103253 1477. Expected payment date Order paperwork must accompany to coblems (if different from above):	14 Sort code: 83-51-00
Contact person			
Contact person		Job Title:	
Contact person Name: Phone No:			
Contact person Name: Phone No: Where to send to	the invoice (if different from	Job Title: Email:	
Contact person Name: Phone No:	ì	Job Title: Email:	
Contact person Name: Phone No: Where to send to	ì	Job Title: Email:	
Contact person Name: Phone No: Where to send to Invoice Address:		Job Title: Email: m above):	