

BOOKING FORM – IVF CLINICS & EGG BANKS The Fertility Show London, 3-4 November 2018

Company Name: _____

Contact Name: Telephone:			Position: Email: EU VAT number:						
							•	ease tick if this remains th	
					Please compl				-
	Stand no.	Stand Type (Shell or space)	SQM at £420/m ² (min 12 m ²)	Total £ (exc VAT)					
1 st choice		(* * * * * * * * * * * * * * * * * * *	,						
2 nd choice									
•	ve will be in to	ertising in our sho ouch with more inf		om £800 + VAT) please tick					
		otal + VAT. Due on re	ceipt of invoice.						
Interim deposit Final payment:		otal + VAT. Due 1 st M otal + VAT. Due 1 st Se	•						
			agree to pay the appropriate amou td an invoice will be issued for the	ints according to the payment schedule deposit.					
			e to comply fully with the terms and to sign this booking form.	d conditions (available in the organisers					
EXHIBITOR:			ON BEHALF OF INUTI	ON BEHALF OF INUTITIVE EVENTS LTD:					
Name (Print)			Name (Print)	Name (Print)					