

Shanghai Medical Tourism & Health Services Conference & Fair

上海知名医疗保健服务会展

Space Application Form 参展表格

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SPACE APPLICATION

Shanghai Medical Tourism & Health Services Conference & Fair

上海知名医疗保健服务会展

March 2010, Shanghai International Convention Center, Shanghai

2010年3月, 上海国际会议中心

Please return to:

China Promotion Ltd 华进

Head Office (Hong Kong)

Rm 1703, 109 Gloucester Rd, Wanchai, Hong Kong

Tel : +852 25117427 Fax : +852 25119692

Email : cp@cpehhibition.com

Co (Exhibitor) 公司: _____

Address 地址: _____

Tel 电话: _____ Fax 传真: _____ Email 电邮: _____

Authorised Official's Name 负责人名称: _____ Position 职位: _____

Please choose (✓) one below, we will fill you in with more details. 请选择您感兴趣的展览, 我们将附上详细资料。

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Shanghai Medical Tourism & Health Services 上海知名医疗保健服务会展 | |
| <input type="checkbox"/> | RAW SPACE 光地 (*Surcharge for corner booth) USD 295 per sq.m with Width _____ M x Depth _____ M = USD _____ (minimum 18 sq.m 最少18平米) | |
| <input type="checkbox"/> | SHELL SCHEME STAND 标准展台 (*Surcharge for corner booth) USD 335 per sq.m with Width _____ M x Depth _____ M = USD _____ (minimum 9 sq.m 最少9平米) | |
| <input type="checkbox"/> | CONFERENCE 会议 www.cpehhibition.com/meditour/conf | <input type="checkbox"/> SPEAKER 发表演讲 (Fee applied, detail on request 收费待定) <input type="checkbox"/> ATTENDEE 参加会议 (Fee applied, detail on request 收费待定) |
| <input type="checkbox"/> | PUBLIC FORUM 公开讲坛 www.cpehhibition.com/meditour/forum | <input type="checkbox"/> SPEAKER 介绍会 (Fee applied, detail on request 收费待定) <input type="checkbox"/> ATTENDEE 观众 (Free of charge 免费入场) |

TERMS OF PAYMENT 付款方法 : A deposit in USD of 50% of the fee must be returned with completed application form. The remaining payment must be paid in full on or before four months of exhibition date. Cheques should be made payable to: China Promotion Ltd. by T/T to: BANK OF CHINA (HONG KONG) LTD, 1 Garden Road Central, Hong Kong USD A/C 012-875-9-000719-2 in favour of China Promotion Ltd. (If payment is to be settled by T/T, please indicate "Medical Tourism & Health Services Conference & Fair 2009" and your company name in the remittance advice). All banking charges are to be borne by applicant.

Authorized Signature: _____ Name: _____ Date: _____

Contact:

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Shanghai: Mr. Tony Cheng 郑志明先生(Tel: +86 13818860818)