

# Shows and Events

during openig hours of the fair



HOSPITAL BUILD  
EUROPE 2012  
EXHIBITION & CONGRESS



Fair:	Stand No.:
Exhibitor:	

## Registration 2012

**Deadline: 6 weeks prior to event**

**Informa:** Fax: **+49(0)2 11/96 86-47 61 (Vanessa van der Mark)**  
**Mailing address:** Informa Business Communication, A division of EUROFORUM Deutschland SE  
 Prinzenallee 3, 40549 Düsseldorf  
**For queries:** Tel.: +49(0)2 11/96 86-37 61, **E-Mail:** vanessa.vandermark@informa.com

**Please note that events in the evening require registration. Events can take place at the stand from 10:00 am to 10:00 pm.**

We are planning the following events during the fair::

Date: ..... Time from: ..... to: .....

Title/type of event: .....

Participants: .....

Planned number of persons: .....

Place of event: .....

(For musical performances please see application form – GEMA (public performances of music protected by copyright))

Catering:  We kindly ask to be contacted for an offer for the catering service for our participants.

Contact: .....

Phone: .....

**Remark:**

According to the size of the event, the exhibitor is charged extra costs for additional security personnel (compulsory) and additional services, e.g. barriers, personnel for providing sanitary fittings, checkroom, sanitary services, etc. The technical department will coordinate with you on the details. Guests who enter the fairground before 5 p.m. need an **entrance ticket**. **After 5 p.m.** they need a **written invitation** of the inviting exhibitor. **Otherwise the security will not permit them to enter.** The event may only take place within the areas specifically allocated for the purpose.

If you rearrange furniture you must ensure that the emergency exits are not obstructed and that they remain clear at all times. Companies contracted by the organizers, i.e. catering companies, musicians, beverage vendors etc. are also required to observe these instructions.

The mentioned prices are subject to statutory value-added tax. By signing the order you acknowledge the stipulated conditions.

**Please note: Please clarify the internal purchase number for your company/your client for these services.**  
**For later alteration of invoices 36.00 EUR plus VAT will be charged in addition.**

Name and address of recipient of invoice: \_\_\_\_\_ Vat Reg. No.: \_\_\_\_\_

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Contact for queries: \_\_\_\_\_ Phone: \_\_\_\_\_ Telefax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Purchase No. for the invoice: \_\_\_\_\_

<b>Date:</b>	Name of the customer (in block letters):	Legally binding signature and company stamp:
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As of: July 2011 / Subject to alteration / Legal venue is Berlin-Charlottenburg and place of jurisdiction is Düsseldorf