

EXHIBITION SPACE APPLICATION FORM (page 1)

18th EFORT Annual Congress
31 May-02 June 2017 | Vienna, Austria

Priority application deadline is 07 October 2016

Please return this signed form to alan.cole@efort.org



Sponsor

Company Name _____
Contact person _____
Address _____
Postal Code _____ City _____ Country _____
Phone _____ E-mail _____

Appointed agency (if any)

Agency Name _____
Contact person _____
Address _____
Postal Code _____ City _____ Country _____
Phone _____ E-mail _____

SPONSOR

Applications for all congress activities must be submitted by the SPONSOR under whose name each activity is to be organised. We would like to draw your attention to the fact that the correspondence for the above items should be made exclusively between the SPONSOR and the European Federation of national associations of Orthopaedics and Trauma (EFORT). The SPONSOR is responsible for communicating any relevant documents to its staff and appointed agencies.

APPOINTED AGENCY

The SPONSOR should inform EFORT in writing which agency is appointed for each congress activity. Otherwise requests and communications from agencies cannot be taken into consideration. The SPONSOR will continue to be held entirely responsible and accountable for activities organised in its name.

STAND SPACE SELECTION AND PRICES

Minimum commercial size space is 9 square meters (sqm)

Preferred stand size: _____ meters X _____ meters = _____ square meters (e.g. 4m x 10m = 40sqm)

Rate per square meter is CHF 760.

The square meter rate includes space costs only and does not include a stand or shell scheme of any sort, nor any furniture, electricity etc.

SELECTION OF BOOTH LOCATION

An up-to-date exhibition floor plan is available online. To access it go to www.efort.org/vienna2017

1st choice booth location no. _____
2nd choice booth location no. _____
3rd choice booth location no. _____

PLEASE INDICATE YOUR PREFERRED BOOTH TYPE (SUBJECT TO AVAILABILITY AND CONFIRMATION FROM EFORT)

Island booth (open 4 sides) Peninsula booth (open 3 sides) Corner booth (open 2 sides) Inline booth (open 1 side)

All rates shown are in Swiss Francs (CHF) and shown exclusive of VAT

EXHIBITION SPACE APPLICATION FORM (page 2)

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SELECT THE CATEGORIES THAT BEST APPLY TO YOUR COMPANY/ORGANISATION

- | | |
|---|--|
| <input type="checkbox"/> 1. 3D printing | <input type="checkbox"/> 16. Hospital/private clinic |
| <input type="checkbox"/> 2. Arthroscopy devices | <input type="checkbox"/> 17. Internal fixation devices for the skeletal system |
| <input type="checkbox"/> 3. Biomaterials | <input type="checkbox"/> 18. Joint implants |
| <input type="checkbox"/> 4. Burn therapy supplies | <input type="checkbox"/> 19. Nursing and wound care products |
| <input type="checkbox"/> 5. Casting supplies and equipment | <input type="checkbox"/> 20. Operating room, surgical equipment and supplies |
| <input type="checkbox"/> 6. Computerised systems for diagnosis & patient care | <input type="checkbox"/> 21. Orthotic and protective devices |
| <input type="checkbox"/> 7. Consumer goods | <input type="checkbox"/> 22. Prosthetic and corrective devices |
| <input type="checkbox"/> 8. Diagnostic radiological instruments & equipment | <input type="checkbox"/> 23. Radiological monitoring equipment |
| <input type="checkbox"/> 9. Drugs (anti-inflammatory, pain relief, antibiotics) | <input type="checkbox"/> 24. Rehabilitation and exercise products |
| <input type="checkbox"/> 10. Electric and magnetic stimulating devices | <input type="checkbox"/> 25. Spinal instrumentation |
| <input type="checkbox"/> 11. Electronic and medical records | <input type="checkbox"/> 26. Splint and cast products and materials |
| <input type="checkbox"/> 12. Ergonomic tools and devices | <input type="checkbox"/> 27. Sports equipment and sportswear |
| <input type="checkbox"/> 13. External fixation and traction devices | <input type="checkbox"/> 28. Testing and evaluation equipment |
| <input type="checkbox"/> 14. General hospital instruments | <input type="checkbox"/> 29. Work evaluation/hardening equipment |
| <input type="checkbox"/> 15. Health insurance | Other: _____ |

Invoice details

(only if different from page 1)

Name of SPONSOR or agency to be invoiced _____

Contact person _____

Address _____ VAT n° _____

(if applicable)

Purchase order n° _____

Postal Code _____ City _____ Country _____

Phone _____ E-mail _____

We understand and agree that we, the SPONSOR, are entirely responsible for payment of rates according to the above. In the case that an appointed agency does not discharge payment of the invoices, charges will revert back to the SPONSOR and may, at EFORT's sole discretion, include administrative surcharges of up to 10% of the total rates.

The Sponsorship agreement between the SPONSOR and EFORT consists of:

- this dated and duly signed Application Form;
- the General Terms and Conditions of Sponsorship;
- the EFORT Congress exhibitor and sponsorship brochure.

By signing and returning this Application Form the SPONSOR acknowledges having received, read and accepted all these terms of Sponsorship agreement. This agreement is subject exclusively to Swiss law. Any disputes shall be resolved exclusively by expedited arbitration in accordance with the World Intellectual Property Organization Arbitration and Mediation Center's Rules for expedited arbitration. The place of any arbitration shall be Geneva, Switzerland.

It is the participating SPONSORS responsibility to comply with any applicable laws, administrative rules and regulations including publicity, the handing out of any samples, and the sale or promotion of any products and marketing material. Neither EFORT nor approved congress partners can be held liable for any non-compliance.

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Date _____ Contact Name _____

Signature _____