## EXHIBITION SPACE APPLICATION FORM (page 1)

19<sup>th</sup> EFORT Annual Congress 30 May-01 June 2018 | Barcelona, Spain

Priority application deadline is 04 October 2017 Final application deadline is 30 April 2018

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



Sponsor Company Name							
Contact person							
Address Postal Code Phone		City		- "			
Appointed agency	(if any)						
Agency Name Contact person							
Address Postal Code Phone		City		Country			
draw your attention to Federation of nation to its staff and appoint APPOINTED AGENCY. The SPONSOR should agencies cannot be to its name.	to the fact that	es must be submitted by the correspondence for the of Orthopaedics and Traur in writing which agency is deration. The SPONSOR will	above items should ma (EFORT). The SPOI appointed for each o	ne made exclusively NSOR is responsible congress activity. Ot	y between the for communication for communicatio	ne SPONSOR and the Eu nicating any relevant doci uests and communication	uropean uments ns from
STAND SPACE SELE Minimum commerci		ICES 9 square meters (sqm)					
Preferred stand size:	meter	s X meters =	square meters	(e.g. 4m x 10m = 40s	qm)		
Rate per square met The square meter ra	er is CHF 760. te includes spac	e costs only and does not	include a stand or s	shell scheme of any	/ sort, nor a	ny furniture, electricity o	etc.
SELECTION OF BOO	TH LOCATION						
Visit the exhibition 1	floor plan section	on, available online. To acc	cess it go to www.ef	ort.org/barcelona20	018/exhibiti	on-sponsors	
1 <sup>st</sup> choice booth location no.		2 <sup>nd</sup> choice booth location no	3 <sup>rd</sup> <b>choi</b> booth lo	ce ocation no.	_		
PLEASE INDICATE Y	OUR PREFERRI	ED BOOTH TYPE (SUBJECT	T TO AVAILABILITY	AND CONFIRMATION	ON FROM E	EFORT)	
□ Island booth (d	ppen 4 sides)	☐ Peninsula booth (oper	n 3 sides) 🔲 Cori	ner booth (open 2 sid	des) [	□ Inline booth (open 1 s	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

□ 6. Computeris □ 7. Consumer of □ 8. Diagnostic of □ 9. Drugs (anti- □ 10. Electric an □ 11. Electronic of □ 12. Ergonomic □ 13. External fix	by supplies splies and equipment ed systems for diagnosis & patient care goods radiological instruments & equipment e-inflammatory, pain relief, antibiotics) d magnetic stimulating devices and medical records tools and devices exation and traction devices ospital instruments	Othe	16. Hospital/private clinic  17. Internal fixation devices for the skeletal system  18. Joint implants  19. Nursing and wound care products  20. Operating room, surgical equipment and supplies  21. Orthotic and protective devices  22. Prosthetic and corrective devices  23. Radiological monitoring equipment  24. Rehabilitation and exercise products  25. Robotics and computer assisted surgery  26. Spinal instrumentation  27. Splint and cast products and materials  28. Sports equipment and sportswear  29. Testing and evaluation equipment  30. Work evaluation/hardening equipment  er:
Invoice details  (only if different fro Name of SPONSOR Contact person	om page 1) or agency to be invoiced		
Address		_	VAT n°
Postal Code Phone	City	_	(if applicable) Purchase order n° Country E-mail
We understand and a agency does not disch	, ,		ment of rates according to the above. In the case that an appointed SPONSOR and may, at EFORT's sole discretion, include administrative
<ul><li>this dated and dul</li><li>the General Terms</li></ul>	rement between the SPONSOR and EFORT consists of: y signed Application Form; and Conditions of Sponsorship; ss exhibitor and sponsorship brochure.	:	
By signing and retur agreement. This agree	ning this Application Form the SPONSOR acknowled ement is subject exclusively to Swiss law. Any dispute Il Property Organization Arbitration and Mediation Ce	s shal	naving received, read and accepted all these terms of Sponsorship I be resolved exclusively by expedited arbitration in accordance with Rules for expedited arbitration. The place of any arbitration shall be

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Date	 Contact Name	
Signature		