

EXHIBITION – 101st ANNUAL MEETING OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Virtual Meeting 2021

EXHIBITOR APPLICATION FORM

EXHIBITOR DETAILS

Company:

Contact Name:

Address:

Tel:

E-mail:



PACKAGES		Please tick
• LEVEL 1	£500 + vat	<input type="checkbox"/>
• LEVEL 2	£1,000 + vat	<input type="checkbox"/>
• LEVEL 3	£2,000 + vat	<input type="checkbox"/>
Additional Items		
Sponsored Symposium (only open to accepted proposals)	£5,000 + vat	<input type="checkbox"/>
Pharma Zone Talk	£1,000 + vat	<input type="checkbox"/>
Final Programme Advert	£750 + vat	<input type="checkbox"/>
App Banner Advert	£2,000 + vat	<input type="checkbox"/>
TOTAL COST	£_____ + vat	

BOOKINGS OPEN FROM 10:00am on Monday 18th January 2021

On acceptance of the Exhibitor Application Form, the Event Organiser will issue an invoice to the Exhibitor for total cost of the exhibition package plus VAT, which must then be paid within 30 days of the date of that invoice.

SIGNATURE

I agree to pay the total cost as outlined above.
I have read, understood and accept the Terms and Conditions attached.
I have retained a copy of this Exhibitor Application Form for my own records.

Signed:

Name (print):

For and on behalf of:

Position:

Date: _____

**BOOKINGS OPEN FROM 10:00am on Monday
18th January 2021**

Please return form via EMAIL to:

conference@bad.org.uk

We will use the information on this form (including personal contact details) to process your application and contact you regarding the organisation of the event. We will keep them on our database and may use them to contact you in the future for marketing purposes.