**EXHIBITOR DETAILS**

Company:

Contact Name:

Address:

Tel:

E-mail:

**STAND TYPE** Please indicate the type of stand you plan to have at the exhibition:

* CUSTOM BUILD
* SHELL SCHEME

Special requirements (e.g. proximity to other companies)

**STAND REQUIREMENTS**

Please list below the stand space(s) you require.

The minimum space available for purchase is 4m². Spaces are allocated in accordance with the procedure set out in the attached terms and conditions. If all of your choices have already been taken, we will contact you by telephone to arrange an alternative site. Otherwise we will write and confirm your booking. We will endeavour to accommodate any special requirements.

**Please Do not choose a ‘PSG’ as these are for Patient Support Groups.**

**PLEASE TRY AND CHOOSE SPACES IN DIFFERENT AREAS TO AVOID DISAPPOINTMENT.**

1st Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Choice

4th Choice

I confirm inclusion in virtual directory platform **Yes/No**

**SPACE COST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Cost | Number of m²(minimum 4m²) | Total Space Cost | VAT @ 20% | Grand Total |
| Shell scheme | £550 per m² |  | £ | £ | £ |
| Space only | £525 per m² |  | £ | £ | £ |
| Total Inc. VAT) | £ |

On acceptance of this application by Conference & Event Services from the British Association of Dermatologists, an invoice will be issued for the above amount which will be payable within 30 days of the date of the invoice.

We will also require details of any specific payment arrangement or process, e.g., PO numbers required / Finance contact details at this time.

**SIGNATURE**

**BOOKING OPENS:**

**11:00am Tuesday 5th November 2024**

**Please return form via EMAIL to:**

conference@bad.org.uk

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 Space Application Form for my own records.

Signed:

Name (print):

For and on behalf of:

Position:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_