EXHIBITION - 105th ANNUAL MEETING OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Glasgow SEC, UK $1^{\text{st}} - 3^{\text{rd}}$ July 2025

SPACE APPLICATION FORM

EXHIBITOR DETAILS Company: Contact Name: Address:			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		
Tel:			Support Groups.	noose a 'PSG' as th	
E-mail:			PLEASE TRY AND CHOOSE SPACES IN DIFFERENT AREAS TO AVOID DISAPPOINTMENT.		
STAND TYPE Please indicate the type of stand you plan to have at the exhibition:			1 st Choice		
☐ CUSTOM BUILD ☐ SHELL SCHEME Special requirements (e.g. proximity to other companies)			2 nd Choice		
			3 rd Choice		
			4 th Choice		
			I confirm inclusion	lusion in virtual directory platform Yes/No	
SPACE COST					
	Cost	Number of m ² (minimum 4m ²)	Total Space Cost	VAT @ 20%	Grand Total
Shell scheme	£550 per m²		£	£	£
Space only	£525 per m²		£	£	£
				Total Inc. VAT)	£
On acceptance of this applic be issued for the above amo We will also require details of at this time.	ount which will be	payable within 30 day	s of the date of the	invoice.	
I agree to pay the total cost understood and accept the I have retained a copy of this own records. Signed:	Terms and Condition	ons attached.	11:00am Tue	OKING OPENS: sday 5th Novemb urn form via EMA	
Name (print):			conferer	<u>ice@bad.c</u>	org.uk
For and on behalf of:					
Position:					

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.