



7th Conference + Expo Medical & Pharmacy Management

it really worths to be here!®

EXHIBITOR APPLICATION AGREEMENT

Date	Company Name	Industry
Contact Name		
Phone	Email	
Address		
City	Zip	
State	Country	

A. BOOTH SPACE AND CONSTRUCTION

A1. Booth Space (w/out construction)	_____ m ²	€ _____
A2. Booth Construction (optional):	<input type="checkbox"/> Basic Type €24/m ²	€ _____
	<input type="checkbox"/> Silver Type €39/m ²	€ _____
	Booth Space + Construction Sub Total	€ _____

B. CONFERENCE SPEECH SPONSORSHIP

<input type="checkbox"/> In Greek	€2.200
<input type="checkbox"/> Other Specify: _____	€3.300

C. WORKSHOP ROOM ½ DAY RENTAL

C1.	C2.	
<input type="checkbox"/> Morning (08.30 to 14.30)	<input type="checkbox"/> Room 1 (25 seats)	€1.400
<input type="checkbox"/> Afternoon (15.00 to 20.30)	<input type="checkbox"/> Room 2 (50 seats)	€1.900
	<input type="checkbox"/> Room 3 (75 seats)	€2.300

TOTAL DUE € _____

PAYMENT INFORMATION

Wire Tranfer Information:

ALPHA BANK - 40 Posidonos Ave, 17455 Alimos, Greece

Swift Code: CRBAGRAA

IBAN: GR46 0140 1920 1920 0232 0003 288

CHARAMI SA - Publications & Communication Services

34 Alimou Ave, 17455 Alimos, Greece

- I will pay 30% deposit now and 70% by February 15, 2016. Final Balance MUST be paid by February 15, 2016.
- I will pay the full amount now.

Yes! I have read and agree to the **Terms and Conditions** as set forth at www.pharmamange.gr/en/7th_Conference_Expo.asp

Please email completed form to Antonis Sakaloglou at a.sakaloglou@pharmamange.gr

For More Information Please Contact: Antonis Sakaloglou - Senior Consultant, Business Development

T. +30 210 984 3274 - F: +30 211 800 5575 - M. +30 694 453 1863 - Email: a.sakaloglou@pharmamange.gr