



**APPLICATION FORM A
EXHIBITION SPACE – by February 28, 2009**

Exhibitor details:

Company name _____

Address _____

Zip/city/country _____

Contact person _____

Telephone/fax _____

E-mail/mobile _____

Invoicing (legal address):

Company name _____

Address _____

Zip/city/country _____

Vat registration number (only EU countries) _____

PO is requested

Booth choices (in order of preference): Surface (in sq.m):

List of any exhibitor(s) you do NOT wish to be near: _____

List of any exhibitor(s) you do wish to be near: _____

Are you a non-profit organization or a Medical Publisher? Yes No

We agree to pay the amount due for the exhibition space within 30 days from the invoice date; we accept also the terms and conditions reported in this Industry Prospectus.

Signature _____

Date signed _____

**Send this form by February 28, 2009 to: WCN 2009 Congress Office – c/o ERA-EDTA Headquarters
Via I. Spolverini 2 - I-43100 Parma, Italy - Fax: +39-0521-959242 - E-mail: zavalloni@era-edta.org**