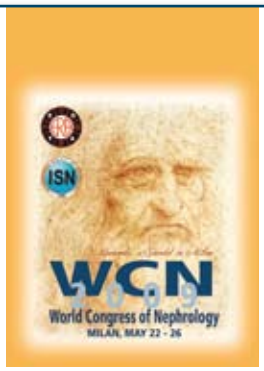

APPLICATION FORM F
Meeting Room (s) Application Form
by October 15, 2008

Meeting Rooms are available for exhibiting companies only

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

Room to be used for:

❑ Hospitality suite
❑ Non-Profit Organization Business Meeting
❑ Internal Sales/Business/Staff Meeting
❑ Press Briefing

Day and date of function: _____

Time (specify a.m./p.m.): *from*:_____ *to*:_____

AnticipatedAttendance:_____

Room Set-Up (check one):

❑ Banquet ❑ Reception ❑ Classroom ❑ Theater
❑ U-Shaped ❑ Boardroom ❑ Other, specify _____

Catering

❑ please specify_____

_____

AV Equipment

❑ please specify:_____

_____

The relevant rates and the payment terms will be sent together with the proposal.
Meeting rooms might be allocated in the congress centre or in nearby hotels at walking distance.

Signature _____ Date signed _____

Send this form by October 15, 2008 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