

## BOOKING CONTRACT FOR THE SOUTH AFRICAN INSTITUTE OF ENVIRONMENTAL HEALTH CONGRESS & EXHIBITION 11 – 14 NOVEMBER 2012

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| Contract No: |  |
|--------------|--|
| Account No:  |  |

| Venue  | ICC, Durban – Hall AFED<br>11 November 2012   |   | Order Details                          |        |  |
|--|---|---|--|--------|--|
| Dates  | Build up:       11 November 2012-04-11       08h00 - 18h00         Exhibition:       12 & 13 November 2012       08h00 - 22h00         14 November 2012       08h00 - 12h00 | Stand No.   |  |        |  |
|  | Breakdown: 14 November 2012 14h00 – 17h00   |   |  |        |  |
| Company:   |   | Dimensions: m <sup>2</sup>  |  |        |  |
| Exhibitor Name (if different to company name)  |   | Costs   | R                                      |        |  |
| Address: Code:   |   | Vat   | N/A                                    |        |  |
| Telephone: Facsimile:  |   | TOTAL   | R                                      |        |  |
| E-mail:  |   |   |  |        |  |
| Managing Director's Full Name:   |   | Costs includes: Floor space, shell scheme, 2 x spotlights, 1 x plug point, stand cleaning, teas/lunches for 1 Fascia Board with name. |  |        |  |
| Terms:   |   | Payment   | Due Date within 7 days of confirmation | Amount |  |
| STANDARD CONDITIONS OF CONTRACT apply to this APPLICATION TO EXHIBIT and the signatory who signs on behalf of the EXHIBITOR acknowledges that he/she has read and understands the conditions and is authorised to sign on behalf of the exhibitor. |   |   |  |        |  |
|  | OR warrants that it is licensed or authorised by or on behalf of the lawful manufacturer market the goods, which it will exhibit or promote at the exhibition.              | Full Payment  |  | R      |  |
| Company Purchase Order No. (if applicable)   |   |   | SAIEH USE ONLY                         |        |  |
| Exhibitor's Representative Signature:  |   |   | AGREED AND ACCEPTED BY:                |        |  |
| First Name: Surname:   |   |   | SIGNATURE:                             |        |  |
| Designation:   |   |   | AT DURBAN ON:                          |        |  |
| Date:  | Tel: Cell:  |   | THEDA                                  | Y OF   |  |