

The questionnaire on the reverse must be completed imperatively for this order to be processed

Room and/or Office Rental

Please return A.S.A.P and by 14 September 2010 at the latest

ADF
Isabelle MATERN
7 rue Mariotte
75017 PARIS
FRANCE

Stand no.

COMPANY

Address

Contact person:

Tel

Fax

Email

1 – EXHIBITOR RATES

Office surface area in sq.m		Flat rates in Euro for					
		1/2 day = D		1 DAY = J		4 DAYS = F	
		Exc. VAT	All taxes incl.	Exc. VAT	All taxes incl.	Exc. VAT	All taxes incl.
Small 16-24 sqm (12 to 16 seats*)	1	250	299	450	538.20	1 700	2 033.20
Medium 30-45 sqm (25 to 40 seats*)	2	450	538.20	770	920.92	2 700	3 229.20
Large 50-70 sqm (50 to 60 seats*)	3	800	956.80	1 400	1 674.40	4 000	4 784

2 – NON-EXHIBITOR RATES

a quote will be provided after the request has been examined

Price per sqm €60 excl. VAT	Price per sqm €100 excl. VAT	6-day flat rate €200 per sqm excl. VAT
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* Approximate seating for a Conference type layout. The exact seating capacity will be specified on on your room rental confirmation.

To indicate your choice, select the number (1,2 or 3) corresponding to the size of office you would like to rent, and the letter (D, J or F) corresponding to the number of days you want the office for

– e.g. you want an office of 30-45 sqm for one day = indicate **2J** as your choice

A –choice of office = _____ = € _____ + VAT 19.6 % = _____ all taxes incl.

+ a deposit of 140 euros to be handed over on site (do not send any money by post) in exchange for the key

Payment must be made in full when you place your order. In the absence of payment, the order will not be processed. Payment should be made either by cheque made payable to the ADF or by bank transfer to the bank account detailed on the reverse. The invoice will be sent – at the latest – after the exhibition.

B - Type of layout requested – number of attendants _____

Conference _____ Number of Tables: Coat racks:

U shape _____ Chairs:

Storage (empty)

Please note that this questionnaire must be fully completed for your request to be taken into account

Stand no.

COMPANY

Address

Contact person:.....

Tel.....

Fax

Email.....

Topic of the meeting:

Type of meeting: Internal matters Promotional

Other (please specify):

Meeting attendees: Conference delegates Exhibition visitors

Guests Company employees

Speakers and topics covered:

Name: Topic:

Name: Topic:

Name: Topic:

Desired dates (in order of preference):

Desired meeting time: morning (09:00-11:30) mid-day (12:30-15:00) afternoon (15:00-18:00) evening

Extras: Lunch Service provider:

Evening reception Service provider:

Cocktail party Service provider:

Date and signature preceded by the hand-written note "read and approved"

LCL Paris Villiers - 5 bd de Courcelles - 75008 PARIS – France				
BANK CODE	BRANCH CODE	ACCOUNT NUMBER	CHECK DIGITS	BENEFICIARY BANK
30002	00438	0000009069W	61	LCL PARIS VILLIERS
IBAN CODE: FR95 3000 2004 3800 0000 9069 W61			SWIFT CODE: CRLY FRPP	
EU VAT no.: FR34 300 115 938				