

## Reservation Contract

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COMPANY .....

Address .....

Postcode ..... Town/City.....

Tel. .... Fax .....

Tax Identification Number .....

Stand number (see Annex 1) .....

Lunch Seminar (select a room ) .....

Contact name .....

Accounts Payable contact name (please indicate department name and telephone number)

.....  
Activity of the company .....

Products to be exhibited .....

Please specify the name you wish to appear in the programme .....

Please indicate how you wish to be involved in the conference:

- STAND
  - LUNCH SEMINAR (without catering)     LUNCH SEMINAR (with catering)
  - LUNCH SEMINAR AND STAND (without catering)
  - LUNCH SEMINAR AND STAND (with catering)
  - OTHER TYPE OF INVOLVEMENT (please indicate)
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### STAND SET UP

The exhibition will take place on 14, 15 and 16 November 2012. Stands can be set up on 13 November between 3pm and 8pm and must be taken down on 16 November from 2pm onwards.

#### PAYMENT

Bank transfer to ACTO SERVEIS - "THORACIC SURGERY" with the following bank details:

BANK: CAIXA D'ESTALVIS DE CATALUNYA.

ACCOUNT NUMBER. : 2013.0196.84.0201513431

IBAN: ES11 2013 0196 8402 0151 3431

BIC: CESCESBBXXX

REF.: ACTO GESTIO – THORACIC SURGERY

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Cheque payable to "ACTO GESTIÓ I ASSESSORAMENT DE CONGRESSOS"

Please send this contract together with the bank transfer receipt or cheque to the Technical Secretary.