

ICMD Booth Application/Reservation Form

Fax back to us at: +86 - 10 - 82022922
Booth Application Deadline: February 28th, 2008



ICMD Spring 2008
April 18th – 21st, 2008
Shenzhen / China

Invoice No.:
 Booth No.:

Exhibitor information: Please type or print

Company Name:					
Contact Person:			联系人:		
Telephone:	(country code)	(area code)	(local number)_____		
Fax:	(country code)	(area code)	(local number)_____		
Address:					
Country:		Postal Code		Email	
Website:			Category of exhibit(s):		

Organized and Managed by
 Reed Sinopharm Exhibitions Co. Ltd.
 11th Floor, Sinopharm Building,
 20 Zhichun Rd, Haidian District,
 Beijing 100088
 For enquiries and correspondences,
 please contact:
 CMEF Dept.
 Reed Sinopharm Exhibitions Co.Ltd
 11-12F, Sinopharm Building, 20
 Zhichun Rd, Haidian District,
 Beijing 100088
 Tel: (86-10) 62028899 ext. 3507
 Fax: (86-10) 82022922
 Email: ICMD@reedsinopharm.com
 Website: www.icmd.com.cn

Stand Options:

Description	Price/ M ²	Dimensions (Meter)	Area (M ²)	Subtotal (USD)	Payment Terms
<input type="checkbox"/> Raw Space, 18 m ² minimum per order	US\$233/M ²	3m × _____m			<ul style="list-style-type: none"> ● Please pay in full upon receipt of Invoice ● Please include the wire transfer fee of \$25
<input type="checkbox"/> Standard Shell Scheme, 9 m ² minimum includes: name board in English & Chinese, carpet, 1 reception counter, 2 chairs, 2spot lights, one 220V electric socket, 1 waste basket	US\$250/M ²	3m × _____m			
TOTAL (In USD)					
TOTAL (Convert to RMB)					

(* The above USD price is calculated on an exchange rate of 1USD=8.00 RMB. Reed Sinopharm Exhibitions reserves the right to recalculate the USD price should the exchange rate change. Any price difference arising from the re-computation will be charged to the customer's account and shall be payable by the customer.)

Please make payment to **REED SINOPHARM EXHIBITIONS CO LTD** in **USD (for telegraphic transfer only)**.

Receiver's bank: China CITIC Bank H.O. General Banking, Beijing Zhichunlu Sub-branch, **Bank address:** No.14 Zhichun Rd, Haidian Dist, Beijing 100088 China, **USD A/C No.:** 7111711482600000345, **RMB A/C No.:** 7111710182600064918, **Swift Code:** CIBKCNBJ100

Please ensure invoice number is indicated on the bank advice and fax a copy to (+86) 10 82074483, or 82022922.

Application is hereby made to REED SINOPHARM EXHIBITIONS CO LTD (Hereinafter termed "Organizer") for exhibiting space at the above exhibition. This application where accepted by the Organizer as indicated by their signature will constitute our exhibition participation agreement with the Organizer for exhibiting space.

We have read the Exhibition Rules and Regulations on the reverse of this page, and agree that they are a part of this Application and hereby further agree to abide by them and any additional rules & regulations deemed necessary by the Organizer from time to time.

TO BE COMPLETED BY CUSTOMER / EXHIBITOR:

Name: _____	Title: _____	Date: _____
Authorizing Signature : _____		Apply company stamp here : _____
(Please note that this contract should be signed by a director if made by a Company, or by a Partner if made by a Partnership)		

FOR OFFICIAL USE ONLY

Authorizing Company Stamp: _____ (For and on behalf of Reed Sinopharm Exhibitions Co Ltd)	
Customer ID: _____	Date of issue: _____