



Anti Ageing Conference
London 2014

www.antiageingconference.com



COMPANY INFORMATION

Please fax completed contract & payment schedule to: Conference Secretariat
Fax: +44 (0) 20 7491 0410 or Email: london@antiageingconference.com

Company _____

Exhibiting company as (if different from above)

Contact _____ Title _____

Mailing address _____

City/Province _____ State/Country _____

Telephone _____ Fax _____

E-mail _____

Web site _____

COST TO EXHIBIT: Friday 10th - Saturday 11th October 2014 - £950

PAYMENT INFORMATION

Cheque payable to **Anti-Ageing International Ltd.** _____

Credit card Type: ___ VISA ___ MasterCard ___ Switch/Solo

Name on the Credit Card (print): _____

Credit Card Number _____

Start Date: _____ Exp. Date _____

Security Number (three last digits on the back of the card): _____

Date _____

I authorize Anti-Ageing International to charge my credit card. I have provided the amount indicated above. I also agree to pay above total according to my card issues agreement.

Authorized Signature: _____

CONTRACTS TERMS AND CONDITIONS

10th – 11th October 2014 • London, UK • Anti-Ageing International Ltd.



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EXHIBITOR INFORMATION

Please e-mail this completed form to london@antiageingconference.com

Exhibitor Name:

Chairs, Electrical/Other requirements:

Exhibitor Arrival time for Set up Friday 10th from 8am _____

Exhibitor dimensions of own stands: (please supply or indicate N/A)

Logo Supplied: Yes _____ No _____

Exhibitor's Badge Form:

Company Name:

Primary Contact Person:

Address:

Email:

Website Address:

Mobile:

Telephone:

Mobile:

Fax:

Total Number of Badges:

Name 1

Name 2

Name 3

Name 4

Exhibitors Company Profile: (200-250 words)

Please forward to: london@antiageingconference.com

Anti Ageing Conference

<http://www.antiageingconference.com>

38 Regent on the River, William Morris Way London SW6 2UT, United Kingdom

Phone +44 (0) 79 7317 3478 Fax +44 (0) 20 7491 0410

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