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 differen	
Contact	Title
Mailing address	
City/Province	State/Country
Telephone	Fax
E-mail	
Web site	
COST TO EXHIBIT: (3 DA	YS) 15th - 17th October 2015 – £1,250
(Limit	ed 3 day space available)
•	YS) 16th - 17th October 2015 - £955
COOT TO EXTENDIT. (2 DA	10) 10til - 17til October 2013 - 2333
PAYMENT INFORMATION	
	International Ltd.
Credit card Type:VISA	
• •	Owner # Oolo
" ,	
	Exp. Date
	s on the back of the card):
	,
Date	
I authorize Anti-Ageing Internation	onal to charge my credit card. I have provided the amount
indicated above. I also agree to p	pay above total according to my card issues agreement.
Authorized Signature:	



EXHIBITOR INFORMATION

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

Exhibitor Name:				
Chairs, Electrical/Other re	equirements:			
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:	We	bsite Address:		
Mobile:				
Telephone:	Mobile:	Fax:		
Total Number of Badges:				
Name 1				
Name 2				
Name 3				
Name 4				
Exhibitors Company Prof	ile: (200-250 wo	ords)		

Please forward to: <u>london@antiageingconference.com</u>

INFORMATION FOR EXHIBITORS 2015

EXHIBITORS HALL IS THE SMALL HALL KENSINGTON TOWN HALL

- SPACE TO EXHIBIT FOR 3 DAYS IS LIMITED SO APPLY EARLY
- PLEASE INDICATE IF YOU WISH TO EXHIBIT 3 OR 2 DAYS
- SETUP FOR 3 DAYS IS THURSDAY 15TH OCTOBER AT 8AM
- SETUP FOR 2 DAY FRIDAY AND SATURDAY IS 8AM FRIDAY
- BREAK DOWN IS SATURDAY 17TH OCTOBER AFTER THE

LAST FRUIT BREAK

- PARKING: PUBLIC PARKING NEAR
- HOTEL ACCOMMODATION : COPTHORNE TARA HOTEL SEE CONFERENCE WEBSITE FOR CODE

www.antiageingconference.com

Anti Ageing Conference

http://www.antiageingconference.com

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