

## **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: (3 DAYS) 13th - 15th October 2016 – £1,250

(Limited 3 day space available)

COST TO EXHIBIT: (2 DAYS) 14th - 15th October 2016 - £955

### **PAYMENT INFORMATION**

| Cheque payable to Anti-Ageing International Ltd              |                             |  |  |
|--|-----------------------------|--|--|
| Credit card Type:  | _VISAMasterCard 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 13th – 15th October 2016 • London, UK • Anti-Ageing International Ltd.



# **EXHIBITOR INFORMATION**

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

Exhibitor Name:

Chairs, Electrical/Other requirements:

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: Iondon@antiageingconference.com



### **INFORMATION FOR EXHIBITORS 2016**

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 13TH OCTOBER AT 8AM
- SETUP FOR 2 DAY FRIDAY AND SATURDAY IS 8AM FRIDAY
- BREAK DOWN IS SATURDAY 15TH 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 <u>http://www.antiageingconference.com</u> 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 **Email :** Iondon@antiageingconference.com