COMPANY INFORMATION

Please email completed contract & payment schedule to: Conference Secretariat Scan to 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:	October 11 th , 12 th & 13 th , 2018 − 3 Days £1225 □
	•
	October 12 th & 13 th , 2018 − 2 Days £956 □
PAYMENT INFORMATION	N
Credit card Type:VIS	AMasterCard Switch/Solo
Name on the Credit Card	(print):
Credit Card Number	
	Exp. Date
Security Number (three la	st digits on the back of the card):
Date	
I authorize Anti-Ageing In	ternational to charge my credit card. I have provided the amount
indicated above. I also ag	ree to pay above total according to my card issues agreement.
Č	
Authorized Signature:	
-	

CONTRACTS TERMS AND CONDITIONS

11th – 13th October 2018 • London, UK • Anti-Ageing International Ltd.



EXHIBITOR INFORMATION

Please e-mail this completed form to *london@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:	We	bsite Address:		
Mobile:				
Telephone:	Mobile:	Fax:		
Total Number of Badges	:			
Name 1				
Name 2				
Name 3				
Name 4				
Exhibitors Company Pro	file: (200-250 wo	ords)		

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

INFORMATION FOR EXHIBITORS 2018

EXHIBITORS HALL IS THE SMALL HALL KENSINGTON TOWN HALL

- SPACE TO EXHIBIT IS LIMITED SO APPLY EARLY
- SETUP IS THURSDAY 11TH OCTOBER AT 10:00am
- BREAK DOWN IS SATURDAY 13TH OCTOBER 2:00pm
- PARKING: PUBLIC PARKING NEAR
- HOTEL ACCOMMODATION :COPTHORNE TARA HOTEL SEE CONFERENCE
 WEBSITE FOR CODE

www.antiageingconference.com

Anti Ageing Conference

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