



Anti Ageing Conference London 2017

www.antiageingconference.com



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 12th(4pm), 13th & 14th, 2017 – £956

PAYMENT INFORMATION

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

12th – 14th October 2017 • 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 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



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INFORMATION FOR EXHIBITORS 2017

EXHIBITORS HALL IS THE SMALL HALL KENSINGTON TOWN HALL

- SPACE TO EXHIBIT IS LIMITED SO APPLY EARLY
- SETUP IS THURSDAY 12TH OCTOBER AT 4:00pm
- BREAK DOWN IS SATURDAY 14TH OCTOBER 2:00pm
- PARKING : PUBLIC PARKING NEAR
- HOTEL ACCOMMODATION :COPTHORNE TARA HOTEL SEE CONFERENCE WEBSITE FOR CODE

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Anti Ageing Conference

<http://www.antiageingconference.com>

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