

Exhibitor Application Form and Contract

Please complete the following information and return to: Erna Stadlander
Tel: +27 (0) 11 463 5085 / Fax: +27 (0) 11 463 3265 / E-mail: erna@soafrica.com

We, the undersigned, express our intention to participate in the **25th SA Transplantation Congress 2013** in accordance with the terms described above. Kindly note stands/tables will be assigned to all exhibitors on a first come, first served basis. As per the provisional floor plan, our preferred stand/table number is:

1st choice _____ 2nd choice _____ 3rd choice _____

ACCEPTED BY

NAME:			
DESIGNATION:			
COMPANY:			
BILLING ADDRESS:			
Do you require a Pro Forma / Cost Estimate before receiving a Tax Invoice?	YES		NO
DATE:		VAT #:	
SIGNATURE:			

SPECIAL REQUESTS/INSTRUCTION: Please indicate if your stand area(s) should or should not be located adjacent to/opposite another company, or if a special configuration or floor space is required:

For assistance with **stand design and building**, you are welcome to contact Dominique Parmee of Oasys Exhibitions on tel: 031 579 3255 and e-mail: dominiquep@oasys.co.za.

Should you require any further assistance or information, please contact the Congress Office.

Signed: _____ Date: _____

Organising Working Committee: Dr Elmi Muller (Congress Chair), Alexia Michaelides (Secretary), Fiona McCurdie

CONGRESS SECRETARIAT

Abstracts & Trade
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