

# EXHIBIT SPACE IERASG 2003

## Application For Display Space

Please send by fax (+34 922 67 01 91) or postal mail to:

XVIIIth Biennial Symposium of the  
International Evoked Response Audiometry  
Study Group (IERASG).  
Tenerife, June 8-12, 2003

Viajes Mencey SI (OPC)  
C/ Verdugo y Massieu, 1  
La Cuesta – La Laguna  
38320 Santa Cruz de Tenerife  
Canary Islands – Spain  
E-mail: info@ierasg-2003.org

Please type or print clearly

### COMPANY INFORMATION

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/zip code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

(include country and area codes)

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Names of Exhibitors: #1: \_\_\_\_\_ #2: \_\_\_\_\_

### DISPLAY SPACE REQUEST

Description	Cost per unit (€)	Number Required	Amount
<b>Display space (2m x 3m).....</b>	€ 1200 euros		
<b>Standar booth (2m x 3m) including:.....</b>	€ 1200 euros		
<ul style="list-style-type: none"> <li>• Stand closed by 7 panels of 2 x 0.98 m.</li> <li>• 1 Panel of 0,32 x 2,94 m with frame and board to display the trade name of the exhibitor (fitted on the front of the stand)</li> <li>• A 100-watt – 220 V electric outlet;</li> <li>• Illumination by 3 lamps of 100 Watt</li> <li>• Exhibitor registration for 2 exhibitors (includes continental breakfasts, coffee breaks &amp; lunches)</li> </ul>			
<b>Additional material (4 days):</b>			
• 1 table of 1.00 x 1.00 x 0.50m for the display of products.....	20 euros		
• 1 Center table of 0.45 x 0.45m .....	15 euros		
• 2 Armchairs .....	20 euros		
<b>Option: Social Program Registration</b>	€ 200 x person		
<b>€ TOTAL</b>			

Note: Exhibitor registration does not include participation in the Scientific Sessions. The assembly and disassembly of the stand is on our account. Please contact the IERASG Symposium Secretariat for special arrangements.

### PAYMENT INFORMATION

I will pay the total amount of  euros

By bank transfer to Caja Canarias, account #2065 00 22 46 3 000074356

By credit card:  VISA  Master Card  Dinners

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Exact name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### VALIDATION

Exhibitors are responsible for having read the Terms and Conditions attached hereto. Please sign and date this form in order for your application to be valid.

Signed \_\_\_\_\_ Date \_\_\_\_\_