

The 11th Healthcare Infection Society International Conference



ACC, Liverpool, UK, 26-28 November 2018

Exhibition space booking form Please complete this form in BLOCK CAPITALS or typeface

Please indicate your choice of stand(s) Stand prices are listed in the prospectus			(Cost £525 per sqm + VAT)			
	Stand No.	Stand size	Please circle or u	ınderline	Cos	of stand
1 st Choice			Shell scheme / sp	ace only	£	+ VAT
2 nd Choice			Shell scheme / sp	ace only	£	+ VAT
3 rd Choice			Shell scheme / sp	ace only	£	+ VAT
Please contac	ct me to discuss	the following spo	nsorship opportunit	ies:		
1. Contact detail Company name:	ils of person to re	ceive all further exhi	bition information			
First Name:			Surname:			
Job Title:				Phone No:		
Email:				Fax No:		
Address:						
City:			Postcode:			
☐ Chequibelow ☐ BACS	on receipt of cheque payment to HIS Act e email a remittance	ayable to 'HIS Conference. Secount. Account No 1 Advice to accounts @	fitwise.co.uk . Expected	de: 83-51-00 d payment date)	
			work must accompany the different from above):	nis booking form	n in order for	it to be processed.
Name:	n for payment que	ries or problems (ii	Job Title:			
Phone No:			Email:			
Where to send Invoice Address		ferent from above):				
City:			Postcode:			
Special instructi	ions:					

3. Conditions of booking

By returning this completed booking form, you are accepting the Terms and Conditions laid out in the Exhibition Prospectus. If you have any questions about this, please talk to us before returning the form.

For official use				
Invoice by				

Return address: HIS, c/o Fitwise Management Ltd, Blackburn House, Redhouse Road, Seafield, Bathgate, West Lothian, EH47 7AQ Tel: 01506 292036 Fax: 01506 811477 email: paul.harrison@fitwise.co.uk