

Union of Risk Management Preventative Medicine

University of London $2^{nd} - 4^{th}$ May 2012

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

i prices are listed on ti	ne floor plan			
	Stand No.	Stand size		Net cost of stand
1 st Choice		3 x 1 M		£1500.00
2 nd Choice		3 x 1 M		£1500.00
3 rd Choice		3 x 1 M		£1500.00
Please contact i	me to discuss the follow	wing sponsorship opportuniti	es:	
1. Contact deta	ils of person to receive	all further exhibition informa	tion	
Company name:				
First Name:		Surname:		
Job Title:			Phone No:	
Email:			Fax No:	
Address:				
	ails – tick appropriate b		,	
address	you indicate below on red			
		ement Account. Account No. 1 1506 811477. Expected payme		Sort code: 83-51-00
	A copy of your Purchase	Order paperwork must accomp		ing form in order for it to
		problems (if different from al	oove):	
Name:		Job Title:		
Phone No:		Email:		
Where to send t	he invoice (if different f	rom above):		
Invoice Address:				
		Postcode:		
City:		1 0310000.		

By returning this 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	Stand allocated	
Date processed	Date Conf letter sent	
Date Invoice sent	Date Payment received	