

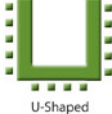



# APPLICATION AND CONTRACT FOR MEETING ROOM



Please use CAPITAL LETTERS

<b>Company Name:</b>		
Address:		
Zip Code:	City:	Country:
Phone:	Fax:	VAT:
Contact Person:	VAT:	
E-mail:	Website:	
<b>Request for Meeting Room:</b>		
Name of the Meeting Room:	On the 4th October:	On the 5th October:
Number of attendees	Total Amount: (+19% VAT)	
<b>SET UP</b> (please choose the set up)	<input type="checkbox"/>	<input type="checkbox"/>
 Theater Chairs Only	 Classroom	 U-Shaped
 Boardroom	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other requested services</b> (additional charge)		
<input type="checkbox"/> Extra AV	<input type="checkbox"/> Equipment	<input type="checkbox"/> Catering
<input type="checkbox"/> Hostesses	<input type="checkbox"/> Signage/flowers	
<b>Other</b> (please specify)		
<b>Method of payment:</b>	<b>TOTAL Amount :</b>	<b>(+VAT)</b>
All payments must be made in Euros (€) to Semico Group, S.A, by one of the following methods (please mark the chosen option).		
<input type="checkbox"/> Bank Transfer: Account holder: Semico Group, N.V. Bank name: <b>KBC Bank</b> IBAN Code: BE66 7360 2706 0943 SWIFT Code: <b>KREDBEBB</b> If you use this method of payment, please do not forget to include the following reference in the bank transfer "FEA2018 Exhibitor", as well as the name of the company, and send a copy of the bank transfer with this form to Semico Group (Exhibitor's office). Please note that exhibitors are responsible for all bank transfer charges.		
<input type="checkbox"/> Credit Card:		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Eurocard		
Number: _____		
Expiration date: ____/____/____      Validation number: _____		
I hereby authorize Semico Group N.V. to charge on this credit card the total amount due as indicated above. On behalf of the Company, I consent and undertake to comply with the exhibition rules and my obligations to exhibit from the moment I sign this contract.		
<b>Date:</b>	<b>Name &amp; Last Name:</b>	<b>Signature:</b>

This form should be completed and returned as soon as possible to: E-mail: [fea2018@semico.be](mailto:fea2018@semico.be)