



EXHIBITION RESERVATION FORM

to return to: Euroheat & Power

Fax: +32 2 740 21 19

events@euroheat.org

Exhibition space	EHP / FEDENE Member ⁽¹⁾	Non-Member
<input type="checkbox"/> Space Only	<input type="checkbox"/> € 225 / m ²	<input type="checkbox"/> € 350 / m ²
<input type="checkbox"/> Shell Scheme	<input type="checkbox"/> € 375 / m ²	<input type="checkbox"/> € 500 / m ²
Preferred Stand N°: _____ Size ___m x ___m	Total _____m ²	Total € _____

Meeting Point	EHP / FEDENE Member ⁽¹⁾	Non-Member
Meeting Point preferred location: _____	<input type="checkbox"/> € 2.450	<input type="checkbox"/> € 3.450

Pod station	EHP / FEDENE Member ⁽¹⁾	Non-Member
Pod station preferred location: _____	<input type="checkbox"/> € 3.250	<input type="checkbox"/> € 4.250

⁽¹⁾ Membership rate is reserved exclusively for those organisations who hold an active membership in 2019 and who pay a direct membership fee to Euroheat & Power and/or FEDENE.

Exhibitor Online Entry:

Exhibitors name ⁽²⁾ _____ Abbreviation _____

Sort alphabetically in the List of Exhibitors under the letter _____

Link to the following website: _____

Exhibited goods / services / products (tick as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Association / Federation / <input type="checkbox"/> NGO | <input type="checkbox"/> Manufacturer / Equipment Supply |
| <input type="checkbox"/> University / Research Centre / Institute | <input type="checkbox"/> Utility / Operator |
| <input type="checkbox"/> Advisor - Financial / Legal / Banking | <input type="checkbox"/> Media company - Press / Journalist / Advertisement |
| <input type="checkbox"/> Consultancy - Engineering / Design / Technical | <input type="checkbox"/> Other specify: _____ |

⁽²⁾ company name as to be used in the list of exhibitors

All prices are excluding VAT

Total € _____

Please transfer the amount to:
 ING België/ING Belgique/ING Belgium
 Cours Saint Michel B- 1040 Brussels

Account 363-0925234-88
 IBAN BE56363092523488
 SWIFT/BIC BBRU BE BB Reference company name

The total amount must be paid within
 30 days upon receipt of invoice but in no
 case later than 31 March 2019.

Contact and billing information

Organisation name _____

Street _____

Postal code _____ City _____ Country _____

VAT n° or Company reg. n° ⁽²⁾ _____ Phone _____

⁽²⁾ EU organisations VAT number must be validated by VIES non EU organisation should provide their national registration number

Primary Contact Ms. Mrs. Mr. First- _____ Lastname _____

Position _____ Direct Phone _____ E-mail _____

Billing address if different from above _____

By signing, I confirm that I agree with the terms and conditions, as outlined on <http://www.ehpcongress.org/exhibition/exhibition-terms-conditions> as well as the technical directives of La Cité de Nantes. In any disputes that may arise concerning the execution or interpretation of this contract, both parties agree that they will be subject to Belgian law and that the commercial courts of Brussels will be competent.

Name and function of the authorized individual:

Stamp & signature

Date: _____
