

## Space Application Form

Please print/type in BLOCK letters and fax back to **00971 6 5442226**. The original accompanied by payment must be mailed to us directly. On receipt, we will send you the official contract and invoice.

### Exhibitor Details

Company: .....

Contact Person: ..... Position: .....

Address: .....

City: ..... Country: .....

Telephone: ..... Fax: .....

Email: ..... Website: .....

### Details of Space

Please reserve: ..... sq.m. stall

Shell Scheme Stand (minimum **9 sq.m.**) at **US\$ 100 /sq.m.**  Bare Space (minimum **36 sq.m.**) at **US\$ 100 /sq.m.**

(Shell scheme stand includes walls and carpeted floor, 4 spot lights, power outlet and fascia board with company name and 2 chairs and a desk).

### Terms of Payment

1- Stand Application must be followed by **50%** initial payment.

2- **50%** Balance Payment must be paid on or before **13 January, 2018**.

### Important

- Please note that space booking will only be confirmed if **50%** initial payment has been made.

- Payments for Visas, Advt. in the Exhb. Catalogue and Furniture Rental/Extra Services, must be paid in full to **Expo Centre Sharjah**.

All payments to be made by bankers draft payable to "Emirates Association of the Visually Impaired" or by direct bank transfer to Emirates Association of the Visually Impaired.

Account No.( 0011-203622-001), IBAN (AE04041000011203622001) Swift Code : NBSHAEAS, Sharjah Islamic Bank - Main Branch, Sharjah, UAE. **P.O.Box: 4**

### This form must be signed by a person authorized to purchase on behalf of the company

We, the undersigned, confirm that we wish to participate in **Middle East Sight Technologies Exhibition and Conference** to be held from ..... and confirm our booking of exhibit space as detailed in this form. We further agree to remit the required deposit of **50%** of the total invoice value within **15** days from the date of invoice failing which the organizers have the right to offer booth / stand to other participants. We further agree to pay the balance due **30 days** before the opening day of the exhibition.

Signature & Stamp: ..... Date: / / 2018

For organizer`s use only

Contract No: ..... Amount Payable: .....

Stand No: ..... Advance Paid: .....

Area Allotted:..... Balance Paayable: .....

### Organizers

Emirates Association of the Visually Impaired:

P.O.Box:3128, Sharjah, UAE. Tel: 00971 (6) 5442225 | Fax: 00971 (6) 5442226 | [info@sightme.net](mailto:info@sightme.net)

Website: [www.sightme.net](http://www.sightme.net)