













Application and Contract for Meeting Room



Please use CAPITAL LETTERS

Company Name:														
Address:														
Zip Code:	City:	Country:												
Phone:	Fax:	VAT:												
Contact Person:	VAT:													
E-mail:	Website:													
Request for Meeting Room:														
Name of the Meeting Room:	On the 23rd September:	On the 24th September:												
Number of attendees	Total Amount (+23% VAT) :													
SET UP (please choose the set up)														
<table style="width:100%; text-align:center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Theater Chairs Only</td> <td>Classroom</td> <td>U-Shaped</td> <td>Boardroom</td> </tr> </table>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Theater Chairs Only	Classroom	U-Shaped	Boardroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
														
Theater Chairs Only	Classroom	U-Shaped	Boardroom											
Other requested services (additional charge)														
<input type="checkbox"/> Extra AV <input type="checkbox"/> Equipment <input type="checkbox"/> Catering <input type="checkbox"/> Hosteses <input type="checkbox"/> Signage/flowers														
Other (please specify)														
Method of payment:		TOTAL Amount : (+VAT)												
All payments must be made in Euros (€) to FEA Aisbl <input type="checkbox"/> Bank Transfer to Account holder: FEA Aisbl Bank name: ING Bank IBAN Code: BE52 0018 6113 9909 BIC/SWIFT Code: GEBABEBB Please do not forget to include the following reference in the bank transfer "FEAerosol2020", as well as the name of the company, and send a copy of the bank transfer with this form to fea2020.Dorothee@aerosol.org Please note that exhibitors are responsible for all bank transfer charges. 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.														
Date:	Name & Last Name:	Signature:												

This form should be completed and returned as soon as possible to: E-mail: fea2020.Dorothee@aerosol.org