

APPLICATION FORM

8th Medan Hospital Expo, 21 - 23 Februari 2018
Santika Premiere Dyandra Hotel & Convention, Medan

To : Organizer
Fax : +62.21 58906819 – 20
Email : hospital.expo@gmail.com

I. **NAME OF EXHIBITOR:** _____

Address: _____ Country: _____

Tel: _____ Fax: _____

Website: _____ Email: _____

The space will be needed: _____ Block/No. Stand : _____

Contact Person: _____ Position: _____

Name of Director: _____

II. **COMPANY NAME (on NPWP):** _____

N.P.W.P. (For Indonesian Companies): _____

Address: _____

III. **EXHIBIT SPACE COST; Two Type of booth setting, choose one! PPN 10% and PPH (act.23) 2%**

Included

SIZE

3m x 4m

3m x 3m

2m x 3m

STANDARD BOOTH

Rp. 22.000.000,-

Rp. 16.500.000,-

Rp. 11.000.000,-

SPACE ONLY

Rp. 21.142.000,-

Rp. 15.856.500,-

Rp. 10.571.000,-

Name & Title of Personnel:

Authorized to Sign:

Date:

AFTER RECEIVE THIS APPLICATION FORM, ORGANIZER WILL PUBLISH CONTRACT TO BE SIGNED & DIRECTORY LISTING FORM TO BE FILLED