

APPLICATION FORM

9th Medan Hospital Expo, 20 - 22 Februari 2019
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: _____

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 | STANDARD BOOTH | SPACE ONLY |
|---------|---|---|
| 2m x 3m | <input type="checkbox"/> Rp. 12.100.000,- | <input type="checkbox"/> Rp. 11.671.000,- |
| 3m x 3m | <input type="checkbox"/> Rp. 17.600.000,- | <input type="checkbox"/> Rp. 16.956.500,- |
| 3m x 4m | <input type="checkbox"/> Rp. 23.100.000,- | <input type="checkbox"/> Rp. 22.242.000,- |

AMBULANCE (7m x 4m) Rp. 31.000.000,-

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