

APPLICATION FORM

The 15th Surabaya Hospital Expo, 24 – 26 April 2019
Grand City Convex, Surabaya

To : PT. Okta Sejahtera Insani
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% Included)**

<u>SIZE</u>	<u>STANDARD BOOTH</u>	<u>SPACE ONLY</u>
3m x 6m	<input type="checkbox"/> Rp. 43.560.000,-	<input type="checkbox"/> Rp. 42.174.000,-
3m x 3m	<input type="checkbox"/> Rp. 21.780.000,-	<input type="checkbox"/> Rp. 21.087.000,-
3m x 2m	<input type="checkbox"/> Rp. 14.520.000,-	<input type="checkbox"/> Rp. 14.058.000,-
4m x 6m (stand ambulance)		<input type="checkbox"/> Rp. 26.760.000,-

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