

# APPLICATION FORM

10<sup>th</sup> Medan Hospital Expo, 19 - 21 Februari 2020  
Santika Premiere Dyandra Hotel & Convention, Medan

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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:

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