

APPLICATION FORM

The 16th Surabaya Hospital Expo, 15 – 17 April 2020
Grand City Convex, Surabaya

To : PT. Okta Sejahtera Insani
Fax : +62.21 58906819 – 20
Email : marketing@hospital-expo.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)**

SIZE

3m x 6m

3m x 3m

3m x 2m

4m x 6m (stand ambulance)

STANDARD BOOTH

Rp. 43.560.000,-

Rp. 21.780.000,-

Rp. 14.520.000,-

SPACE ONLY

Rp. 42.174.000,-

Rp. 21.087.000,-

Rp. 14.058.000,-

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