

Sharm Derma 2016 Part II (Winter) 27th - 30th October 2016, Cairo.

FORM #

# **AUTHORIZED SIGNATURES**

### Please return this form to :

#### **Misr 2000 Medical Conferences**

Address:16 Fathy Talaat st. - Sheraton Buildings - CairoDeadline 1 October 201Tel: +20 (2) 22666152 -22666156 - 01001634534 | Fax: +20 (2) 22666137Website: www.misr2000online.net | Email: misr\_2000@hotmail.com | Facebook: www.facebook.com/misr2000

## **Exhibition Company:**

Company Name:	Stand No.:
Contact Person:	
	Fax:
Address:	
	Website:

The name/s of the following personnel are authorised to place orders on behalf of the above-mentioned company with

Misr 2000 Medical Conferences to their contractors and sub-contractors throughout Sharm Derma 2016

- This form may only be signed by a Director or partner of the Exhibitor Company.

-Specimen signature/s is required from each authorized signatory.

Name	Signature

Name :		Signature	
Position	:	Date :	



Sharm Derma 2016 Part II (Winter) 27<sup>th</sup> - 30<sup>th</sup> October 2016, Cairo.

FORM #2

# **EXHIBITOR BADGES**

## Please return this form to :

#### **Misr 2000 Medical Conferences**

Address:16 Fathy Talaat st. - Sheraton Buildings - CairoDeadline 1 October 2016Tel: +20 (2) 22666152 -22666156 - 01001634534 | Fax: +20 (2) 22666137Website: www.misr2000online.net | Email: misr\_2000@hotmail.com | Facebook: www.facebook.com/misr2000

## **Exhibition Company:**

Company Name:	Stand No.:
Contact Person:	
	Fax:
Address:	

- Badges can be collected from the organiser's office in front of the Exhibition Hall

- Additional badges can be arranged on-site.

Name	Company Name

Name :	Signature :	·
Position :	Date :	



**FASCIA NAME PANEL** 

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## **Misr 2000 Medical Conferences**

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# **Exhibition Company:**

Company Name:	Stand No.:
Contact Person:	
	Fax:
Address:	
	Website:

- This form is important of shell scheme stand exhibitors.
- Space Only' exhibitors, should endorse this form as 'NOT APPLICABLE'.
- Company name should not exceed 30 characters, and will be standard to all shell scheme stands.

# - If Logo Required

(Kindly send your original logo to the above-mentioned e-mail address.

Quotation will be forwarded for your endorsement)



Note: The name mentioned above will appear the same in The Exhibitor Manual .

Name :	Position :	
Signature :	Date :	

FORM

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