

# BRITISH SOCIETY OF BREAST RADIOLOGY ANNUAL SCIENTIFIC MEETING 2019 BOOKING FORM

BRISTOL MARRIOTT HOTEL CITY CENTRE

3 - 5 NOVEMBER 2019

## COMPANY DETAILS

Company Name:

Contact Name:

Position within Company:

Product:

Address:

Postcode:

Tel:

Mobile:

Email:

## EXHIBITION SPACE REQUESTED

Preferred Stand Number	Stand Size	Cost (excl. VAT)
		£
		£
		£

## SPONSORSHIP/EXHIBITION PACKAGE REQUESTED

Item	Cost (excl. VAT)

## SPONSORSHIP ITEM(S) REQUESTED

Item	Cost (excl. VAT)

## TOTAL

Net amount payable	Plus VAT	Total

## INVOICING DETAILS

Your PO number

(Please ensure the Purchase Order is made out to BSBR c/o Rapier Design Ltd)

No:

## ACCOUNTS PAYABLE CONTACT DETAILS

Name:

Email:

Tel:

Payment must be made within 30 days of receipt of invoice or before the conference commencement date, whichever comes first. Your booking will be finalised and confirmed once payment has been received.

I confirm that:

1. I have read the terms and conditions shown at the end of this document and agree to be bound by them
2. I understand the cancellation charges explained in the terms and conditions
3. I am authorised to sign this document on behalf of the exhibiting company
4. I understand that, whilst every endeavour will be made to adhere to the published layout of the exhibition, the Organisers shall be entitled to vary the layout depending on final exhibition sales, if, in their opinion, this is in the best interests of the exhibition.

Signed:

Position:

Company:

Date:

PLEASE RETURN THIS FORM VIA EMAIL TO [BSBR@HAMPTONMEDICAL.COM](mailto:BSBR@HAMPTONMEDICAL.COM)

**BSBR**

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