

Company

Exhibitor Agreement

Please sign and return by fax to: +971 4 366 4524, or email to: training@rearden-educational.com

Contact Person		Job Title		
Address 1		Address 2		
City	District		Country	
Zip Code	P.O.Box		Postal Code	
Tel	Fax		Mobile	
Email (booking confirmation will be sent to this address)		Website		
Number of People Attending (For more attendees, please add)				
Name 1		Position		
Name 2		Position		
Name 3		Position		
Description		Price (USD)	Quantity	Sub-Total
Standard Exhibitor Package, includes		995	1	
• 1 table		795		
• 2 chairs		(If paid before Sept 30, 2008))	
Black and white ad in the conference programme				
Website mention				
Additional Options				
1 Black and white ad in the conference programme		255		
1 Coloured ad in the conference programme		505		
Extra table		700		
Lunch		50/person		
Gala Dinner		95/person		
20 min presentation		305		
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Total Amount

Terms and Conditions

- Payment must be made within a week after signing the contract.
- Reservation is not confirmed until payment is received.
- Payments should be made to the bank details below. Please include the reference of your transaction as EX-(your company name).
- Kindly send by fax a copy of the transaction to +971 4 366 4524.

Bank Details

Benef: Rearden FZ LLC Account Number: 0079 184904 001

SWIFT: **EBILAEAD**

Bank: **Emirates Bank International**

Address: Jumeirah Branch

> P.O.Box 11909 Dubai, UAE

I hereby agree to the terms and conditions of this form.

Name	Company's stamp and authorized signature
Date	

Lebanon **Badaro Trade Center**

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www.teachmeconference.com

UAE