



# 8th Conference + Expo Pharmacy & Medical Management & Communication

+ 1st Conference  
on Pharmaceutical Care®

*it really worths to be here!*

## EXHIBITOR APPLICATION AGREEMENT

Date	Company Name	Industry
Contact Name		
Phone	Email	
Address		
City	Zip	
State	Country	

### A. BOOTH SPACE AND CONSTRUCTION

A1. Booth Space (w/out construction) \_\_\_\_\_ m<sup>2</sup> € \_\_\_\_\_  
A2. Booth Construction (optional):  
 Basic Type €27/m<sup>2</sup> € \_\_\_\_\_  
 Silver Type €43/m<sup>2</sup> € \_\_\_\_\_  
Booth Space + Construction Sub Total € \_\_\_\_\_

### B. CONFERENCE SPEECH SPONSORSHIP

In Greek €1.700  
 Other Specify: \_\_\_\_\_ €2.400

### C. WORKSHOP ROOM ½ DAY RENTAL

C1.  
 Saturday (08:30 to 14:30)  
 Saturday (15:00 to 20:30)  
 Sunday (08:30 to 14:30)  
 Sunday (15:00 to 20:30)

C2.  
 Room 1 (25 seats) €1.400  
 Room 2 (50 seats) €1.900  
 Room 3 (75 seats) €2.300

TOTAL DUE € \_\_\_\_\_

### PAYMENT INFORMATION

Wire Transfer Information:

ALPHA BANK - 40 Posidonos Ave, 17455 Alimos, Greece

Swift Code: CRBAGRAA

IBAN: GR46 0140 1920 1920 0232 0003 288

CHARAMI SA - Publications & Communication Services

34 Alimou Ave, 17455 Alimos, Greece

**Yes!** I have read and agree to the **Terms and Conditions** as set forth at <http://goo.gl/ucRas8>

Please email completed form to Antonis Sakaloglou at [a.sakaloglou@pharmamanager.gr](mailto:a.sakaloglou@pharmamanager.gr)

For More Information Please Contact: Antonis Sakaloglou - Senior Consultant, Business Development

I will pay 30% deposit now.  
Final Balance MUST be paid by  
January 7, 2017.

I will pay the full amount now.  
(Check after Jan. 7, 2017)