

Please return the completed form to:

Fax: +65 6457 7832 or email: register@qs-asia.com

Booking will be void if payment is **not** made within **14** days

Cancellation Clause

Period before conference within which written notification of cancellation is received Cancellation charge

0 - 30 days

No refund

Exhibition Booth Booking Form

1. Main Contact / Delegate Information

Title: Prof / Assoc Prof / Dr / Mr / Mrs / Ms (Tick as appropriate)

First/Given name:

Last/Family name:

Organization:

Department:

Job title/Designation:

Tel: Fax:

Email:

Address:

City: Country: Zip code:

2. Order Details

Booking fee

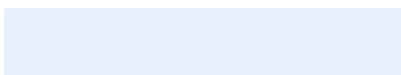
- | | |
|---|-----------|
| <input type="radio"/> Please book a 6m ² shell scheme booth inclusive of *02 complimentary regular exhibitor/delegate registrations
<i>*Kindly note that no custom built of booth is allowed.</i> | US\$4,500 |
| <input type="radio"/> Please book a 12m ² shell scheme booth inclusive of *04 complimentary regular exhibitor/delegate registrations.
<i>*Kindly note that no custom built of booth is allowed.</i> | US\$8,500 |
| <input type="radio"/> Please book a raw space (6m ²) inclusive of *02 complimentary regular exhibitor/delegate registrations
<i>*Kindly note that custom built of booth is allowed only within the dimension of the raw space.</i> | US\$4,000 |

***Please complete the complimentary form below.**

3. Payment

A booking confirmation and an invoice will be sent to you via email, once your booking has been processed.

4. Authorization



Signature/Company Stamp

Date

Complimentary Form

1. Delegate Information *(All fields are mandatory)*

Title: Prof / Assoc Prof / Dr / Mr / Mrs / Ms (Tick as appropriate)

First/Given name:

Last/Family name:

Preferred name, first name, last name, organization
and country will appear on conference badge as
provided here

Please return the completed form to:
Fax: +65 6457 7832 or email: register@qs-asia.com

The one name on the badge to be addressed by (maximum of 10 characters with spaces):

Organization:

Department:

Job title/Designation:

Tel: Fax:

Email:

Address:

City: Country: Zip code:

2. Type of registration

Delegate

Presenter

Exhibitor

3. Invitation Letter

Do you require an invitation letter to Dubai?

Yes No

4. Authorization

Signature/Company stamp

Date

Complimentary Form

1. Delegate Information (*All fields are mandatory*)

Title: Prof / Assoc Prof / Dr / Mr / Mrs / Ms (Tick as appropriate)

First/Given name:

Last/Family name:

Preferred name, first name, last name, organization
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2. Type of registration

Delegate

Presenter

Exhibitor

3. Invitation Letter

Do you require an invitation letter to Dubai?

Yes No

4. Authorization

Signature/Company stamp

Date