

Exhibition Booking Form



EGC 2019

European Geothermal Congress
11-14 JUNE 2019, THE HAGUE

Please complete all details and send to: European Geothermal Energy Council
info@europeangeothermalcongress.eu
Attn: Mrs Valentina Pinzuti
Tel.: +32 2 318 40 63

* mandatory fields

Contact first name*: Family name*:
Company Name*:
Address:
Post/Zip Code: City:
Country*:
Telephone*: Email*:
Vat Number*: Website:

Aforementioned company would like to book the following items:

EXHIBITION SPACE

All prices are in € (Euro) and are excluding VAT; only shell scheme available.

Rates Standard shell scheme (3x2 m) *Please tick the appropriate box*

- € 3500 EGEC Member** (until 15th March 2019, normal rate then applies) ***€ 3700 Early Bird** (until 22nd February 2019)
 € 4000 Normal rate (until 10th May 2019)

*Membership rate is reserved exclusively for those organizations who pay a direct membership fee to EGEC and hold an active membership in 2018-2019.

Please send me a contract and invoice.

TERMS OF PAYMENT

The amount due will be invoiced upon receipt of the signed form and is to be paid within 30 days of the date of invoice and in any case no later than 22nd February 2019 for early bird, 15th March 2019 for EGEC Member rate, and 10th May 2019 for normal rate.

In case of non-payment by the dates specified on the invoice, the Organizer reserves the right to reallocate the opportunity to another company. The exhibitor, however, remains bound by their contract and have to pay the totality of the amounts foreseen.

CANCELLATION / MODIFICATION POLICY

Cancellation/modification of items must be made via email to the EGC 2019 secretariat:
info@europeangeothermalcongress.eu

For cancellations made before the indicated deadlines, a cancellation fee of 25% of the full amount applies. For cancellations as from 11th May 2019, a cancellation fee of 100% applies. These cancellation policies will come into effect in all cases and whatever the reason for the withdrawal may be. Cancellation fees will be invoiced.

I am authorized to sign this form on behalf of the applicant/Company

Name authorized person*:

Signature*: Date*:

