

APPLICATION FORM

The 17th Surabaya Hospital Expo, 24 – 26 Mei 2023
Grand City Convex, Surabaya

To : PT. Okta Sejahtera Insani
Email : marketing@hospital-expo.com

I. NAME OF EXHIBITOR : _____

Shipping Address: _____

Contact Person: _____ Position: _____

Tel: _____ Mobile Phone: _____

Email: _____ Website: _____

Name of Director: _____

Block/No. Stand : _____

II. COMPANY NAME (on NPWP): _____

N.P.W.P. (For Indonesian Companies): _____

Address: _____

III. EXHIBIT SPACE COST; Two Type of stand setting, choose one! (PPN 11% Included)

SIZE	STANDARD STAND	SPACE ONLY
3m x 2m	<input type="checkbox"/> Rp. 16.783.200,-	<input type="checkbox"/> Rp.16.317.000,-
3m x 3m	<input type="checkbox"/> Rp. 24.175.800,-	<input type="checkbox"/> Rp.23.476.500,-
3m x 6,	<input type="checkbox"/> Rp. 48.351.600,-	<input type="checkbox"/> Rp.46.953.000,-
4m x 6m Khusus display ambulance	<input type="checkbox"/> Rp. 29.304.000,-	

Name & Title of Personnel:

Authorized to Sign:

Date:

**AFTER RECEIVE THIS APPLICATION FORM, ORGANIZER WILL PUBLISH CONTRACT TO BE
SIGNED & DIRECTORY LISTING FORM TO BE FILLED**