

10th International Congress of the European Foot & Ankle Society

Hotel Rey Juan Carlos I, Palau de Congressos de Catalunya Barcelona, Spain

16th – 18th October 2014

EXHIBITOR ACCOMMODATION

Геl:Fax:					
*Email:					
* (PLEASE PRINT CLEARLY AS E	MAIL WILL BI	OUR PREFERRED	FORM OF COMMUN	IICATION)	
	НО	TEL ACCOMMODA	TION		
HOTEL	Single Rate Per night B&B	Number Rooms Required	Arrive	Depart	Total Nights
Senator Hotel Cardenal Reig,11 8028 Barcelona Spain	€105		/October	/October	
Hotel Rey Juan Carlos I Avinguda Diagonal, 661-671, 08028 Barcelona, Spain	€175		/October	/October	
	1		SUB-TOTAL	€	
Exhibitor Name:					
Room 1					
Room 2					
Room 3					
Room 4					
Room 5					
Room 6					
Room 7					

STAFF BADGES Staff Badges include entrance to the EFAS Exhibition, coffee breaks & lunch on Thursday 16, Friday 17, Saturday 18 October and 1 Invitation to the EFAS Congress Welcome Reception Thursday 16 October Description Cost (per Extra Badge) **Number Extra Badges** Badges for staff are included in the stand rental for the €150 duration of the congress as follows; 6m² -2 staff badges (max. 4 badges) 8m² and 9m²- 3 staff badges (max 6 badges) 12m² - 16m² - 4 staff badges (max 8 badges) 18m²-24m² - 8 staff badges (max 10 badges) STAFF BADGE NAMES (Note: strictly according to stand dimensions as detailed above) Badge 1 Badge 2 Badge 3 EXTRA BADGE NAMES (Note: according to maximum staff badges permitted per space/stand as detailed above) Badge 5 Badge 6 Badge 7_ Badge 8 Badge 10 **PAYMENT INSTRUCTIONS** PAYMENT SUMMARY Please note the following: - All fees are quoted in Euro (€). - Credit card payments will be processed through an Event Plus Client Account and Accommodation charges will appear as such on your statement. Social Event - Payment for Exhibitor Accommodation must be received in advance of the conference Cancellation Policy: Hotel Accommodation cancellations received in writing are Extra Badges subject to the hotels individual cancellation policy and terms and conditions pertaining to Group Reservations and a refund may not be possible if the room is not re-sold. TOTAL I WISH TO PAY BY CREDIT CARD **Credit Card Payments** VISA Credit Cards Accepted: Please Tick √ Mastercard Card Card Number: _____ / ___ CCV:____ Cardholder Signature: Date: I WISH TO RECEIVE AN INVOICE AND PAY BY BANK TRANSFER

Bank Transfer Payments

Bank: AIB Bank, Dun Laoghaire, Co Dublin, Ireland

Account Name: Event Plus Ltd. International Swift Code: AIB KIE2D

IBAN CODE: IE38 AIBK 933406 36983593

Reference: BARC14

> Please send completed form by Email or fax to: EFAS Secretariat Fax: +353 1 230 2594, Email: efas@eventplus.ie