

Please complete and send scanned copy with payment receipt to the:
10th ORLIAC Secretariat
E-mail: organizer@orliac2018.com

► **IMPORTANT:** Preferred exhibit space will be confirmed only upon receipt of the exhibit participation fee.

COMPANY NAME _____

BUSINESS ADDRESS _____

BOOTH PREFERENCE : OPTION 1 OPTION 2

BOOKING AUTHORIZED BY:

NAME _____

DESIGNATION _____

TELEPHONE _____ FAX _____ EMAIL _____

SIGNATURE _____

EXHIBITOR CLASSIFICATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Auditory Protheses | <input type="checkbox"/> Medical Instrumentation | <input type="checkbox"/> Surgical Instruments & Supplies |
| <input type="checkbox"/> Balance Test Equipment | <input type="checkbox"/> Microscopes | <input type="checkbox"/> Vaccine Industry |
| <input type="checkbox"/> Hearing Test Equipment | <input type="checkbox"/> Publishers | |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Pharmaceuticals | |

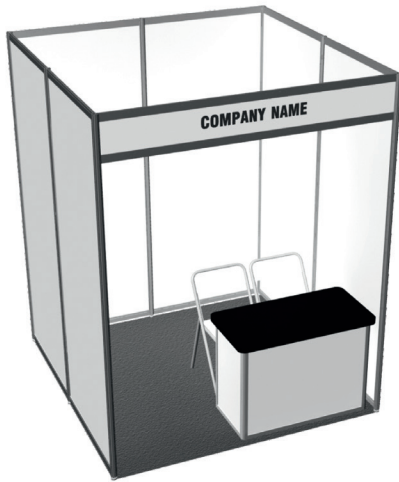
EXHIBITION PACKAGE

CLASSIFICATION/EXHIBIT AREA	EXHIBIT FEE (INCLUSIVE OF VAT)
Pharmaceutical	PhP 120,000.00
Non-Pharmaceutical	PhP 100,000.00
INCLUSIONS <ul style="list-style-type: none"> • Turnkey stand 2 meters (width) x 2 meters (depth) x 2.4 meters (height) • Exhibitor name in white vinyl lettering on blue fascia • Two sets 40-watt fluorescent lamp • One 220-volt, 5 amps duplex convenience outlet • One unit information table • Two units stacking chair • Dark gray carpet flooring • Organization listing in the exhibition page of the conference website • 50-word organization profile in the program and abstract book 	

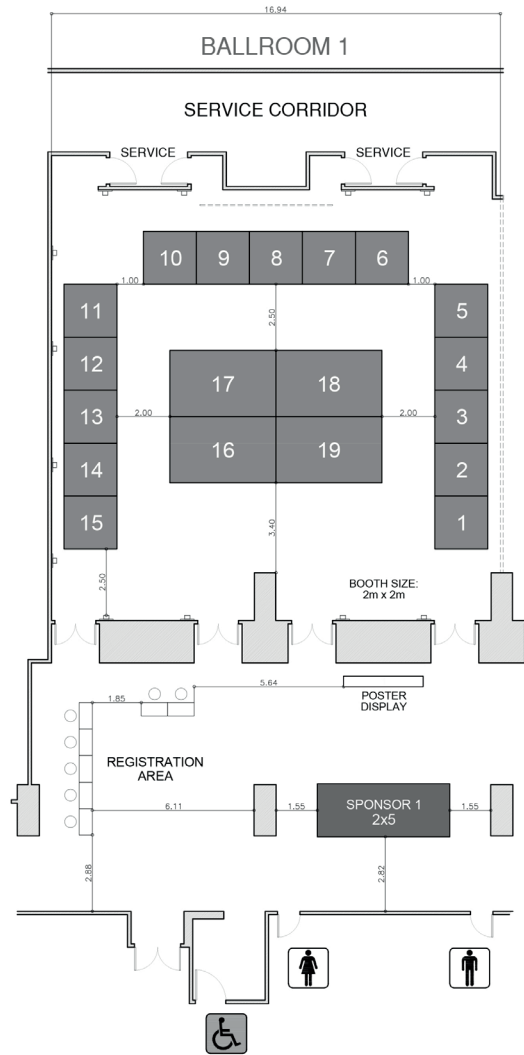
EXHIBIT FLOOR PLAN



FRONT



AERIAL



SCHEDULE AND MODE OF PAYMENT

50% downpayment upon signing of the Exhibit Participation Agreement Form
50% balance of payment no later 31 January 2018

<input type="checkbox"/> BANK DEPOSIT Please scan and send a copy of the deposit receipt thru organizer@orliac2018.com for faster tracking	ACCOUNT NAME	The U.P. Medical Foundation, Inc.
	ACCOUNT NUMBER	Savings Account 3530094018
	BANK NAME	BDO (Altra Center Branch)
	BANK ADDRESS	Altra Center, 1663 Bacobo St., Malate, Manila
<input type="checkbox"/> DIRECT PAYMENT Please send check payment to	ACCOUNT NAME	The U.P. Medical Foundation, Inc.
	SEND TO	Room 104, U.P. College of Medicine 547 Pedro Gil St., Ermita 1000 Manila, Philippines

FOR 10th ORLIAC SECRETARIAT USE ONLY

Received by _____ Payment Received by _____

Date Received _____ Date Payment Received _____

Amount _____