Exhibitor Booking Form

# Head Nurse Congress 2018 – 19th & 20th May 2018

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Mr / Mrs / Miss / Dr | | |
| Company Name: | | | |
| Tel No: |  | Mobile No: |  |
| Email Address: |  | | |
| Date of Booking: |  | Exhibitor Fee: |  |

## Booking Questions:

|  |  |
| --- | --- |
| **Options:**  **A** - 1 day Exhibitor Stand (£250 + VAT)  **B** - 2 day Exhibitor Stand (£375 + VAT)  **C** – 1 day Exhibitor Stand at both TP Congress & Head Nurse Congress (£375 + VAT)  **D** - Combined Exhibitor Stand at both TP Congress & Head Nurse Congress (£650 + VAT)  \*Exhibitors will be required to remain in place for a networking “Happy Hour” on Day 1 of TP Congress, this takes place within the conference & exhibition suite\* | **Please specify option required (if selecting 1 day only please specify date required):** |
| Electrical supply required? | Yes / No Details: |
| IT support required? | Yes / No Details: |
| Are you bringing a stand? | Yes / No Details: |
| Do you require a table? | Yes / No Details: |
| Where did you hear about this event? |  |

## Payment Method

🞏 Pay by card 🞏 Please invoice my organisation

### CAW Publishing Ltd BACS Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: | NatWest | | |
| Account Holder Name: | CAW Publishing Ltd | | |
| Account Number: | 99674661 | Sort Code: | 60-11-30 |
| Company Reg Number: | 03218458 | VAT Number: | 678 8155 77 |

### Exhibitor payment details:

|  |  |
| --- | --- |
| Organisation Name: |  |
| Invoice Address: |  |
| Tel No: |  |
| Email Address: |  |

Card No: 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏 🞏

Card Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Issue No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form to: Tracey Croucher, Headland House,   
Chord Business Park, London Road, Godmanchester, Cambs PE29 2BQ.  
Tel: 01480 422060 Fax: 01480 422089 Email: [tcroucher@caw.ac.uk](mailto:tcroucher@caw.ac.uk)

## Stand Staff (2 FOC, each additional attendee £35+vat)

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Contact Tel: |
| Name: | Title: | Contact Tel: |
| Name: | Title: | Contact Tel: |
| Name: | Title: | Contact Tel: |

### Please provide details of any dietary requirements, medical conditions, or special access needs your stand staff may require:

|  |
| --- |
|  |

### Please provide a 100 word description of your company or activities to be used on the event website:

|  |
| --- |
|  |

### Please send your company logo to [tcroucher@caw.ac.uk](mailto:tcroucher@caw.ac.uk) (permitted file type: jpg, png, gif – maximum size 2MB)

### Signed on behalf of Exhibitor:

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Signature: |

### Signed on behalf of CAW Publishing Ltd:

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Signature: |

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