



## 25<sup>th</sup> São Paulo International Dental Meeting

APCD-Associação Paulista de Cirurgiões Dentistas – Rua Voluntários da Pátria, 547 – Zip Code 02011-000 – São Paulo/SP. – Brasil

E-mail: [prominter@apcd.org.br](mailto:prominter@apcd.org.br) Home Page: <http://www.ciosp.com.br>

International Agent: **SUVISON AMERICA CORP.**

Type or clearly print this Application & Contract. Keep a copy for your records, and sign and mail or fax the original to:

**Customer Service:** SUVISON EUROPE S.R.L. – Via F. Turati, 16 – 00040 - Ariccia (RM), Italy

Phone. +39-06-933-3406 Fax +39-06-9339-1142 E-Mail: [sp2006@suvison.com](mailto:sp2006@suvison.com) - <http://www.suvison.com>

### APPLICATION AND CONTRACT FOR EXHIBIT SPACE

**Standard Space: Reais/sqm 532 (raw space) + US\$/sqm 110 (extended basic set up)**  
**Corner space: Reais/sqm 585 (raw space) + US\$/sqm 110 (extended basic set-up)**

**The raw space rates will be invoiced in US Dollars according to the exchange rate on the date of your order.**

As soon as we receive Application & Contract For Exhibit Space we will send you the invoice by and not later than the next five (5) days.

**01. COMPANY DATA.** Your company name, address, city, country, phone and fax numbers as shown on this form will appear in the Exhibition Catalog without additional cost:

COMPANY NAME: \_\_\_\_\_

DIVISION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E\_MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

EXHIBIT CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

**02. WE REQUEST:**

- Standard Space                       Corner Space                       Island  
 Raw space                                   Extended Basic Set-Up                       Booth number(s)

**03. BOOTH SIZE REQUESTED.** Minimum size 12m<sup>2</sup>.

- 12 m<sup>2</sup>    15 m<sup>2</sup>    16 m<sup>2</sup>    24 m<sup>2</sup>    28 m<sup>2</sup>    30 m<sup>2</sup>    32 m<sup>2</sup>    40 m<sup>2</sup>    45 m<sup>2</sup>    More than 45 m<sup>2</sup>

**04. EXTENDED BASIC SET-UP INCLUDES THE FOLLOWING ITEMS WITHOUT ADDITIONAL COST:**

Basic set-up includes booth sign, silver octanorm structure, white walls, gray carpeting, 1 spot light/3 sqm, 01 display counter (1m x 5m x 1m), 01 round table, 02 chairs, 01 waste basket, 01 electrical 110V / 500W outlet, cleaning, security, basic electricity and taxes.

**BOOTH COST:** US\$/SQM \_\_\_\_\_ X \_\_\_\_\_ SQM = US\$ \_\_\_\_\_

**05. DATES & CONDITIONS OF PAYMENT.** The total booth rental has to be paid in US funds and in three different payments and dates, according to the following conditions.

\* The first payment corresponds to a 33% of the total booth rental, and must be paid by and not later than the next 15 days of the date of this Application & Contract For Exhibit Space. If the payment has not been done by the date mentioned, this Application & Contract For Exhibit Space will be automatically cancelled.

\*\* The second and third payments correspond to the balance due as follows:  
33% BY AND NOT LATER THAN 90 DAYS OF THE APPLICATION DATE: US\$ \_\_\_\_\_



34% BY AND NOT LATER THAN 150 DAYS OF THE APPLICATION DATE: US\$ \_\_\_\_\_

\*\*\* Regardless of the application date, all the payments have to be done by and not later than November 30, 2006.

\*\*\*\*50% of total amount of this Application and Contract is the NON-REFUNDABLE DEPOSIT. Failure of the payment of the balance on the due dates may render the reservation liable to forfeit. All exhibitors must be in good financial standing with the APCD in order to be accepted. Please consult CANCELLATION POLICY.

06. METHOD OF PAYMENT. Bank drafts and/or checks in U.S. Dollars payable to:

25<sup>th</sup> SÃO PAULO INTERNATIONAL DENTAL MEETING/APCD  
Rua Voluntários da Pátria, 547 – CEP: 02011-000 – SÃO PAULO, SP, BRAZIL

WIRE TRANSFERS:  
INTERMEDIARY BANK: ABA# 026009580  
ABN AMRO BANK  
(SWIFT ADDRESS: ABNAUS33)

ACCOUNT W/BANK: ACCOUNT # 574022774941  
BANCO ITAU S.A. - NEW YORK BRANCH

FINAL BENEFICIARY: APCD-ASSOCIACAO PAULISTA DE CIRURGIOES DENTISTAS,  
ACCOUNT NR: 309591USD2108

REFERENCE: PAYMENT OF INVOICE – 25<sup>th</sup> SAO PAULO INTERNATIONAL DENTAL MEETING

07. PRODUCTS TO BE EXHIBITED BY YOUR COMPANY.

The Product Classification Form for the Guide to Technical Exhibits will be mailed out to your Company once the 50% NON REFUNDABLE DEPOSIT has been paid. The products of your Company will be listed and printed in the Exhibition Catalog without additional cost.

08. EXHIBITORS' MANUAL. All exhibitors will receive timely exhibitors service kit containing complete information on the Exhibition and its rules and regulations. This manual is an integral part of this application and contract.

**NOTEWORTHY ITEMS**

1.- It is the sole responsibility of the exhibitor to conform to regulation of the ANVISA and all legal requirements for the content of claims made for products. Acceptance of exhibiting at SÃO PAULO INTERNATIONAL DENTAL MEETING is not to be construed as a guarantee that the manufacturer has complied with such laws and regulations.

2.- Cancellation policy:

2.1.- The non-refundable deposit, as the name says, will not be refunded whatsoever;

2.2.- Failure of the payment of the balance on the due dates mention in the invoice may render the reservation liable to forfeit. If payment has not been done by the dates mentioned, the Application & Contract for Exhibit Space will be automatically cancelled. In this case, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor;

2.3.- If the exhibitor shall seek to cancel its contract, written notice thereof shall be given to the Organizer by registered or certified mail. If such notice is received by the Organizer up to 151 days before the beginning of the exhibition, the Exhibitor shall be entitled to a refund of money paid in excess of the non-refundable deposit. Upon receipt of any such notice of cancellation, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor

2.4.- If such notice is received up to 91 days before the beginning of the exhibition, the Exhibitor shall be entitled to a refund of money paid in excess of the non-refundable deposit, only if the space cancelled by him has been sold to another Exhibitor. Upon receipt of any such notice of cancellation, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor

2.5.- If such notice is received within 90 days before the beginning of the exhibition, the Exhibitor shall not be entitled to any refund whatsoever. Upon receipt of any such notice of cancellation, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor

Place and Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Title: \_\_\_\_\_