

41st Congress of the Société Internationale d'Urologie

Featuring the 6th SIU Global Nurses' Educational Symposium







EXHIBIT CONTRACT

COMPANY INFOR	RMATION							
COMPANY NAME								
			TITLE					
CONTACT			TITLE					
ADDRESS								
		PROV./STATE	COL					
CITY		PROV./STATE	COUNT	RY				
				FAX (Country				
STAL CODE TELEPHONE (Country Code - Area Code - Number)			FAX (Country Code - Area Code - Number)					
EMAIL								
WEBSITE								
WHERE DID YOU HEAR ABOUT	THE SIU CONGRESS?							
EXHIBIT COORDI	NATOR INFORMATION							
EXHIBIT PLANNER NAME								
TITLE								
			FAX (Cou					
TELEPHONE (Country Code - Area Code - Number)			FAX (Country Code - Area Code - Number)					
EMAIL								
WE HEREBY APPLY TO TH ORGANIZER'S PRIORITY LI	HE SIU TO RENT EXHIBIT SPACE AT THE A ST, WHICH WILL BE USED TO DETERMINE	BOVE-MENTIONED CONG OUR LOCATION AS PER TI	RESS. UPON R HE PREFERENC	ECEIPT OF THE AGRI ES INDICATED BELOV	eement, our compan N.	y's name wil	L BE ADDI	ED TO THE
BOOTH RATES			PREFERRED LOCATION (List booth number)					
16 m ² Bare space only	_ €	5,000 / US \$ 6,000*						
16 m ² Show Ready turnl	key package includes:		1st Choice	2no	d Choice	3rd Choice	1	
9 m² GES Show Ready Structure built to height of 2.5 m on 16 m² carpeted area, Silicone edge fabric (recyclable) graphics, 1 x Spotlight per 1.5 running m, 1 x 3 - pin Electrical Socket		PAYME CREDIT CA	NT OPTIONS		INVOICE			
*Rates subject to 5% UAE VAT.								
+			CARDHOLDER N	AME				
Booth Rate	(5% VAT) Total							
We also have various size booth options available for custom booths (i.e. 36 m², 54 m²).			CREDIT CARD NUMBER EXPIRY DATE – MM/YY CW					
 CANCELLATION If a written cancellation is received prior to June 4, 2021, a full refund will be granted less a €250 / US \$300 processing fee. If a written cancellation is received between June 5, 2021 and September 1, 2021, the exhibitor will be responsible for 50% of the total space cost. If a written cancellation is received after September 1, 2021, the exhibitor will be responsible for 100% of the total contracted amount. 		By signing this form, you authorize SIU to charge your card for the amount listed above +3.5% merchant processing costs. BILLING ADDRESS ADDRESS ADDRESS						
		CITY COUNTRY POS			POSTAI	L CODE		
ioi 100 /0 oi tile total co	madetou umount.		CITY		COUNTRY		POSTAL CODE	

WE, THE EXHIBITOR, HAVE READ, UNDERSTAND AND AGREE TO COMPLY THE CONDITIONS OF THIS CONTRACT.

SIGNATURE

DATE - MM/DD/YYYY

CONDITIONS OF CONTRACT

The company information provided on the exhibit contract will be used for the Congress website. Please be sure to print or type clearly.

An Exhibitor Manual with all order forms will be available on our website, www.siu-urology.org/congress-2021/exhibit-info

The Exhibitor agrees to abide by all rules and regulations adopted by SIU in the best interest of the Congress, and agrees that SIU shall have the final decision in adopting any rule or regulation deemed necessary prior to, during, and after the exhibit.

The Exhibitor is responsible for the placement and cost of insurance related to his participation in the exhibit.

SIU reserves the right to alter or change the space assigned to the Exhibitor for the overall benefit of the exhibit.

The Exhibitor agrees to confine his presentation to the contracted space only, and within the maximum height set by the show rules and regulations, and maintain staff in his booth space during exhibit hours.

The Exhibitor agrees to abide by all COVID-19 guidelines as set out in the exhibitor manual and required by local government mandate.

The Exhibitor acknowledges that their information will be shared with SIU third party exhibit contractors for the purpose of providing services during the SIU exhibit.

The Exhibitor agrees to observe all union contracts and labour relations in force under agreements between SIU's official contractor servicing companies and the building in which the exhibit will take place, and according to the labour laws of the jurisdiction in which the building is located.

The Exhibitor agrees that no display may be dismantled or goods moved during the entire show. The Exhibitor also agrees to remove his exhibit equipment from the show building by the final move-out time limit. Failure to do so will result in the Exhibitor paying for such additional costs that may be incurred.

All goods shipped to the exhibit must be clearly marked with the name of the Exhibitor and the number of his/her space. Goods must not be shipped to the exhibit with the shipping charges to be paid on arrival, as these will not be accepted by SIU.

If any portion of space cost is outstanding, movein and set-up of booth and contents will be strictly prohibited.

Upon signature of this contract, the Exhibitor agrees to all conditions stated above.

EXHIBITOR INQUIRIES

Lillian Petrusa
Director Corporate Development
Tel: +1 514 875 5665 ext. 21
lillian.petrusa@siu-urology.org



