



# EXPO DENTAL MEETING

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## SALE MEETING / WORKSHOP (for the Exhibitors only)

Company name: \_\_\_\_\_

Person in charge: \_\_\_\_\_ Tel. \_\_\_\_\_ E-Mail \_\_\_\_\_

With this form I want to reserve the workshop room for a Company event. The total duration will be 1 hour and 30 minutes maximum. The capacity of the room is 56 pax .

	10.15 – 11.45	12.00 – 13.30	14.00 – 15.30	16.00 – 17.30	17.45 – 19.00
Thursday, May 20					Not available
Friday, May 21					
Saturday, May 22					Not available

**The amount due is Euro 600,00**

### Technicalities provided in the room:

- 1 Monitor 50" Full Hd
- 2 Microphones

All these items are included in the price.

### **Payment terms:**

**The amount due should be paid after the reservation has been sent. An invoice will be send immediately after .**

### **Bank refs**

PROMUNIDI SRL  
Banca INTESA SAN PAOLO, Piazza Emilia 6 - 20129 Milano - ITALY  
IBAN: IT82 0030 6901 6261 0000 0066 551 BIC: BCITITMM

**Date, seal and signature for acceptance**

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