

Registration Form

Company name and address (indicated below) will be used for invoicing you. Please make sure you provide correct details to avoid banking mistakes

ANTOR INTERNATIONAL MEDICAL & SPA TRAVEL WORKSHOP

Company: _____
Contact person: _____
Job title: _____
Country /City: _____
Address (incl. postcode): _____
Tel: _____ E-mail: _____

November, 16, 2017
The Ritz-Carlton, Moscow

Please tick all required options:

- WORKSHOP** (one table to accommodate two company reps, four chairs, name badges, table sign with company name, company brief profile in WS brochure) **€ 850** (for ANTOR members and previous workshops' participants)
- PRESENTATION** (20 mins presentation during the Workshop; all necessary technical equipment to be provided by organizers) **€ 950**
€ 250
- 11.20-11.40 11.40-12:00 12:00-12:20 12:20-12:40 12:40-13:00
 14:00-14:20 14:20-14:40 14:40-15:00 15:00-15:20 15:20-15:40
 15:40-16:00
- ADVERTISEMENT** in the official WS brochure (A5 format, full)
- Full page inside **€ 300**
 2nd cover page **€ 400**
 3rd cover page **€ 400**
 Back cover **€ 500**
- ABSENTEE PARTICIPATION** **€ 300**
catalogue entry, list of all Russian companies attending with full contact details.

TOTAL PARTICIPATION COST, €:

Name: _____ Date: _____
Job title: _____ Signature & Stamp: _____

Please send your Registration to medantor@tm-russia.ru for the attention of Maria Shankina

Legal notice: By sending the signed Registration Form to Organizer, Participant confirms his participation in the event. An invoice will be sent upon the receipt of the registration form. Please note that full payment must be received latest 1 month prior to the event. Registrations cancelled less than 1 month before the event won't be refunded.