

ICMD Booth Application/Reservation Form

Fax back to us at: +86-10- 82022922

Booth Application Deadline: July 31st, 2010



Invoice No.:

Booth No.:

ICMD Autumn 2010
October 12th –October 15th,
2010

Shenyang, China

Organized and Managed by
 Reed Sinopharm Exhibitions Co.
 Ltd.

15th floor, Tower B, Ping An
 International Financial Center,
 No.1-3,Xinyuan South Road,
 Chaoyang District,
 Beijing 100027, China

For enquiries and correspondences,
 please contact:

CMEF Dept.

Reed Sinopharm Exhibitions Co.Ltd

15th floor, Tower B , Ping An

International Financial Center,

No.1-3,Xinyuan South Road,

Chaoyang District

Beijing 100027, China

Tel: (86-10) 84556603

Fax: (86-10) 82022922

Email: ICMD@reedsinopharm.com

Website: www.icmd.com.cn

Exhibitor information: Please type or print

Company Name:					
Contact Person:			联系人:		
Telephone:	(country code)	(area code)	(local number)_____		
Fax:	(country code)	(area code)	(local number)_____		
Address:					
Country:		Postal Code		Email	
Website:	Category of exhibit(s):				

Stand Options:

Description	Price/ M ²	Dimensions (Meter)	Area (M ²)	Subtotal (USD)	Payment Terms
<input type="checkbox"/> Raw Space, 18 m ² minimum per order	US\$233/M ²	3m × _____m			<ul style="list-style-type: none"> ● Please pay in full upon receipt of Invoice ● Please include the wire transfer fee of \$25
<input type="checkbox"/> Standard Shell Scheme, 9 m ² minimum includes: name board in English & Chinese, carpet, 1 reception counter, 2 chairs, 2spot lights, one 220V electric socket, 1 waste basket	US\$250/M ²	3m × _____m			
TOTAL (In USD)					
TOTAL (Convert to RMB)					

(* The above USD price is calculated on an exchange rate of 1USD=8.00 RMB. Reed Sinopharm Exhibitions reserves the right to recalculate the USD price should the exchange rate change. Any price difference arising from the re-computation will be charged to the customer's account and shall be payable by the customer.)

Please make payment to **REED SINOPHARM EXHIBITIONS CO LTD** in **USD (for telegraphic transfer only)**.

Receiver's bank: China CITIC Bank H.O. General Banking, Beijing Zhichunlu Sub-branch, **Bank address:** No.14 Zhichun Rd, Haidian Dist, Beijing 100088 China, **USD A/C No.:** 7111711482600000345, **RMB A/C No.:** 7111710182600064918, **Swift Code:** CIBKCNBJ100

Please ensure invoice number is indicated on the bank advice and fax a copy to (+86) 10 82074505, or 82022922.

Application is hereby made to REED SINOPHARM EXHIBITIONS CO LTD (Hereinafter termed "Organizer") for exhibiting space at the above exhibition. This application where accepted by the Organizer as indicated by their signature will constitute our exhibition participation agreement with the Organizer for exhibiting space.

We have read the Exhibition Rules and Regulations on the reverse of this page, and agree that they are a part of this Application and hereby further agree to abide by them and any additional rules & regulations deemed necessary by the Organizer from time to time.

TO BE COMPLETED BY CUSTOMER / EXHIBITOR:

Name: _____	Title: _____	Date: _____
Authorizing Signature : _____ Apply company stamp here : _____		
(Please note that this contract should be signed by a director if made by a Company, or by a Partner if made by a Partnership)		

FOR OFFICIAL USE ONLY

Authorizing Company Stamp: _____ (For and on behalf of Reed Sinopharm Exhibitions Co Ltd)
Customer ID: _____ Date of issue: _____



第 64 届中国国际医疗器械博览会
第 11 届中国国际医疗器械设计与制造技术展览会

2010 年 10 月 12 - 15 日 沈阳

参展申请表

请填写后回传至 010 - 82022922

公司中文名称: _____
 公司英文名称: _____
 联系地址: _____ 邮编: _____
 联系人: _____ 职位: _____ 手机: _____
 固定电话: _____ 传真: _____
 市场部负责人: _____ 手机: _____
 公司网址: _____ 电子信箱: _____

本公司有意申请: (每个标准展台, 或称标摊, 面积为 9 平方米, 租用时只以 9 的倍数计算)

1. 特装 (一类) 区域 (最小租用面积 18 m², 前排特装展台, 紧邻主入口)

光地 16800 元/9 m² 面积: _____ m²

2. 标准展位区域

12000 元/9 m² 数量: _____ 个 (二类区域, 靠近入口前排标摊)

9000 元/9 m² 数量: _____ 个 (三类区域, 前排或两面开标摊)

8000 元/9 m² 数量: _____ 个 (四类区域, 后排一面开标摊)

本届主要展示产品如下: (请相应划“√”)

- 医疗器械工业设计
- 医用材料, 包括医用金属材料、陶瓷和各种高分子聚合物和医用粘结材料;
- 现代制造技术、制造设备和相关软件, CAD, CAM 和企业管理软件;
- 精密制造和微加工技术与设备;
- 相关部、配件;
- 医用包装材料、包装设备
- 电子元器件、医用传感器、接插件和 OEM 部件;
- 电动机、泵和运动控制件;
- 印刷机械与技术;
- 检测设备;
- 医疗器械 OEM 生产
- 各类相关服务

组委会联络: 国药励展展览有限责任公司器械展览部
 联系地址: 北京市朝阳区平安国际金融中心 B 座 15 层
 邮政编码: 100027

联系电话: 010 - 84556605 010 - 84556609

传真号码: 010 - 82022922

展位联系: 冯兴卷, 钟蕾

网址: www.icmd.com.cn

电子信箱: ICMD@reedsinopharm.com

xingjuan.feng@reedsinopharm.com

lei.zhong@reedsinopharm.com

国药展览有限责任公司对本参展申请表享有最终解释权。

特别提示: 请用正楷填写以上信息, 保证以上信息真实、准确, 并在盖章处加盖公章

盖章处