

CUSTOMER

Your Name:

Telephone:

email:

CONTACT DETAILS FOR INVOICING

Full name:

Address:

Address:

City:

PostCode:

Country:

Finance email:

Fax No for Billing:

Purchase Order No:

SIGNATURE

I/We, the customer, understand that this agreement reserves our space on the specified stand. I/We enclose our full payment of costs made payable to IHE-UK Limited. I/We request, and hereby authorize IHE-UK to reserve a space on the specified stand at the specified time and place. I will send the completed form to Nick Brown, IHE-UK, 141 Dartmouth Road, London, NW2 4EN, enclosing cheque if appropriate.

Signed:

ORDER DETAILS

OPEN HEALTHCARE June 14/15 2011:
Please provide the following (prices ex VAT @20%)

Demo Space (£2000 per actor):

Case Study (£1200 per space):

Educational Support Grant (£2400):

Please include VAT @ 20% in final price

SOFTWARE TO BE DEMONSTRATED

Software:

Website:

SUPPORTING ORGANISATION DETAILS

Name:

Website:

PAYMENT DETAILS

CHOOSE ONE METHOD:
 Cheque Bank Transfer

Address to send cheques made payable to IHE-UK Ltd:
IHE-UK, 141 Dartmouth Road, London, NW2 4EN

Bank Transfer Details:
Sort Code 08-92-99 Account No: 65334931

Date: