



10TH ESCRS WINTER REFRACTIVE SURGERY MEETING

EXHIBITION RESERVATION FORM

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

TEL: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

AMOUNT OF SPACE REQUIRED (SQUARE METRES): _____

DO NOT PLACE NEAR THE FOLLOWING COMPANIES: _____

PLACE NEAR THE FOLLOWING COMPANIES: _____

PLEASE TICK EITHER (a) or (b)

(a) We will bring our own booth

(b) We will hire a shell scheme

The Exhibitor agrees to observe the *CONDITIONS, RULES and REGULATIONS* of the Exhibition.

Signed: _____

Date: _____

Payment can be made by bank draft in Euro (drawn on an Irish bank) or by bank transfer payable to the ESCRS and sent together with this form to:

**10th ESCRS Winter
 Refractive Surgery Meeting**
 Temple House
 Temple Road
 Blackrock
 Co. Dublin
 Ireland

Account Name: European Society of Cataract and Refractive Surgeons
 AIB International Banking
 Ashford House
 Tara Street, Dublin 2
 Ireland
IBAN: IE 43 AIBK 930067 17187863
Swift Code: AIBKIE2D

Payment will also be accepted by credit card + 2% administration fee:

Visa MasterCard American Express

3 Digit Security Code
 (Visa & Mastercard only,
 printed on the reverse of card)

Card No.

Exp

Amount €: _____

Cardholder Name (PLEASE PRINT): _____

Cardholder Signature: _____

Date: _____

N.B. Reservations will not be considered unless submitted on the official reservation form and accompanied by a 25% deposit. The deadline for returning this form is 15 July 2005. Fax to: + 353 1 209 1112



10TH ESCRS WINTER REFRACTIVE SURGERY MEETING

EXHIBITION INFORMATION

10 - 12 February 2006

The Congress and Exhibition will take place from Friday 10 – Sunday 12 February 2006.

The address of the Congress Centre is: Grimaldi Forum Monaco
BP 2000-10, Avenue Princesse Grace
Monte Carlo 98001
Monaco
Website: www.grimaldiforum.com

EXHIBITION SCHEDULE February 2006

EXHIBITION	Thursday 9 February	09.00 - 20.00
BUILD-UP	Friday 10 February	08.00 - 12.00
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OPENING HOURS	Friday 10 February	12.00 - 18.00
	Saturday 11 February	10.00 - 18.00
	Sunday 12 February	10.00 - 13.00
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EXHIBITION BREAK-DOWN	Sunday 12 February	13.00 - 19.00

** Please note that there may be some changes to the times listed here.*

APPLICATION FOR EXHIBITION SPACE

Application for Exhibition space must be made using the OFFICIAL RESERVATION FORM. This form must be returned, accompanied by a 25% deposit payment, on or before 15 July 2005. Full payment is due on or before 1 December 2005.

RATES

The cost of hiring exhibition space is €350 per square metre. Shell schemes, fittings and furnishings can be hired at extra cost, details of which will be sent to you on receipt of full booth space payment.



10TH ESCRS WINTER REFRACTIVE SURGERY MEETING

EXHIBITOR HOTEL BOOKING FORM

GENERAL DETAILS PLEASE PRINT IN BLOCK CAPITALS

COMPANY: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

EMAIL: _____ TELEPHONE: _____

HOTELS

	ROOM RATES			ROOM RATES	
	SINGLE	DOUBLE		SINGLE	DOUBLE
Hotel de Paris Place du Casino	€250	€275	Fairmont Monte Carlo <i>(formerly Monte Carlo Grand Hotel)</i> 12 Avenue des Spélugues	€195	€220
Hotel Metropole 4 Avenue de la Madone	€220	€240	Le Meridien Beach Plaza 22 Avenue Princesse Grace	€195	€220
Hotel Hermitage Square Beaumarchais	€220	€240			

All hotels are located within a few minutes walking distance from the Grimaldi Forum Congress Centre.
 Please note that all of the above rates are provisional as the 2006 rates have not yet been finalised.
 Rates are per room per night and include taxes and breakfast. It is advisable to book your accommodation early.
 Please note that 50% of the total accommodation cost is due with this booking form and 50% by 1 December 2005.

REQUIREMENTS

HOTEL PREFERENCES: 1ST: _____ 2ND: _____

Arrival Date: _____ Departure Date: _____ No. of Rooms: _____

Type of room: Single Double Twin Other Specify _____

PAYMENT METHOD

Payment may be made by: Visa MasterCard American Express

Card No.

Exp

3 Digit Security Code
 (Visa & Mastercard only,
 printed on the reverse of card)

50% of Total Due €: _____ Cardholder Name (PLEASE PRINT) _____

Cardholder Signature: _____ Date: _____

Your credit card statement will show this payment to **AGENDA**. Payment by bankdraft in euro (drawn on an Irish Bank) made payable to **AGENDA** will also be accepted.

PAYMENT TERMS & BANK DETAILS
 Name of Account: Agenda
 Bank: AIB International Banking
 Ashford House, Tara Street, Dublin 2, Ireland
 IBAN: IE63 AIBK 930067 17223684
 Cancellations after 1 January 2006 - 100% cancellation fee
 Swift Code: AIBKIE2D

CANCELLATION POLICY
 Cancellations prior to 21 October 2005 - 25% cancellation fee
 Cancellations prior to 1 December 2005 - 50% cancellation fee
 Cancellations prior to 1 January 2006 - 75% cancellation fee
Please return this form to:
 10th ESCRS Winter Refractive Surgery Meeting,
 Agenda Communications, Temple House, Temple Road, Blackrock, Co. Dublin, Ireland.
 Tel: + 353 1 288 3630 Fax: + 353 1 288 3636
 E-mail: agenda@agenda-comm.ie

50% PAYMENT MUST ACCOMPANY THIS RESERVATION FORM