EXHIBITION BOOKING FORM

11ELBC
Warsaw, Poland
23-26 September 2008

Please complete and return this form together with payment to:

Lead Development Association International
17a Welbeck Way, London W1G 9YJ, United Kingdom
Tel: +44 (0) 20 7499 8422; Fax: +44 (0) 20 7493 1555, E-mail: 11elbc@ila-lead.org

NAME(s)	***Delegate or Accompanying Person***
1.	
2.	
3.	
Company: **Address:** **Nature of Business:**	**Tel:** **Fax:** **E-mail:**

EXHIBITION SITE AND STAFF FEES *(Payment in Euro/€)*

All costs are in Euro/€ All sites measure 3 x 2 metres (except sites 1, 2 and 64 for which special fees apply. Please see Exhibition details in the Exhibition information leaflet)		Exhibitors should note that the renting of an Exhibition site entitles them to register two delegates for the conference at a preferential rate. Persons registered as accompanying persons are not entitled to work in the exhibition area. Registration fees are as follows:	
	No.	**Before 21 June 2008**	**On or after 21 June 2008**
First two delegates	**@**	€ 1325 = €	€ 1525 = €
Further delegates from the same company	**@**	€ 1550 = €	€ 1750 = €
Accompanying persons	**@**	€ 250 = €	€ 250 = €
Site fee		€1500	€ 1500
Sub-Total		€	€
+ Polish VAT @ 22%		€	€
Total payment due		**€**	**€**

SITE CHOICE

Site No:	**First Choice No:**	**Second Choice No:**	**Third Choice No:**

PAYMENT

Please indicate your chosen method of payment:

☐ **Cheque in Euro/€,** payable to Lead Development Association International (please include your cheque card number on the back of your cheque) drawn on a bank located in the United Kingdom.

☐ **Bank Transfer** (Euro/€), to Lead Development Association International, Account No. 86147198 at Lloyds TSB Bank, Park Lane Branch, 14 Berkeley Square, London W1J 6AF, Bank Sort Code: 30 96 48, IBAN GB28 LOYD3096 4886147198; Swift Code (BIC): LOYDGB21088. Name(s) of delegate(s) must be clearly indicated on the bank draft, a copy of which must accompany the registration form.

☐ **Credit Card**. I authorise you to debit my AMEX/MASTERCARD/VISA/ No:

Cardholder Name: ……..…….

Expiry date: **Signature: ……**

I have duly noted the registration and cancellation regulations and accept the conditions.

Signature: _____ Date: _____

Please tick here if you do not wish your name to appear on the delegate list to be circulated.