

## Booking Form

Please fill/print and return this form along with the payment to Delta Conex

Address: 19 Mostafa Refaat Street, Masaken Sheraton, Cairo, Egypt

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### EXHIBITOR INFORMATION

Exhibitor Name: ..... Stand No.: .....

Address: .....

Country: ..... City: ..... Postal Code: .....

Contact Person: ..... Title: .....

Mobile: ..... Telephone: ..... Fax: .....

Email: .....

Website: .....

### TYPE OF BUSINESS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sports Equipment & Supplies       | <input type="checkbox"/> International Sports Brands Agencies      | <input type="checkbox"/> Fishing Equipment & Supplies |
| <input type="checkbox"/> Sports Field Equipment & Supplies | <input type="checkbox"/> Medical & Physical Rehabilitation Centers | <input type="checkbox"/> Youth Centers \ Clubs        |
| <input type="checkbox"/> Sportswear                        | <input type="checkbox"/> Camping Equipment & Supplies              | <input type="checkbox"/> Sports Clubs & Academies     |
| <input type="checkbox"/> Nutritional Supplements           | <input type="checkbox"/> Water Sports Equipment & Supplies         |   |
| <input type="checkbox"/> Fitness & Gym Centers             | <input type="checkbox"/> Martial Arts Equipment & Supplies         |   |

### BOOTH PREFERENCES: (24 SQM MINIMUM SPACE)

Shell Scheme 360 \$/SQM X ..... = \$ .....

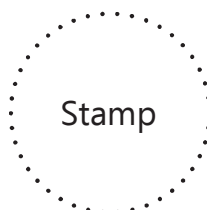
Space Only 300 \$/SQM X ..... = \$ .....

Shopper 250 \$/SQM X ..... = \$ .....

### Payment Terms

- ☐ 25% upon signing the application
- ☐ 25% no later than 90 days prior to the exhibition
- ☐ Remaining 50% no later than 45 days prior to the exhibition
- ☐ Booking 25 days prior to the exhibition date, requires full payment of the total cost
- ☐ This price doesn't include 14% VAT

Signature: .....



Stamp

Date: .....

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