SQUARE
BRUSSELS MEETING CENTRE

GL events

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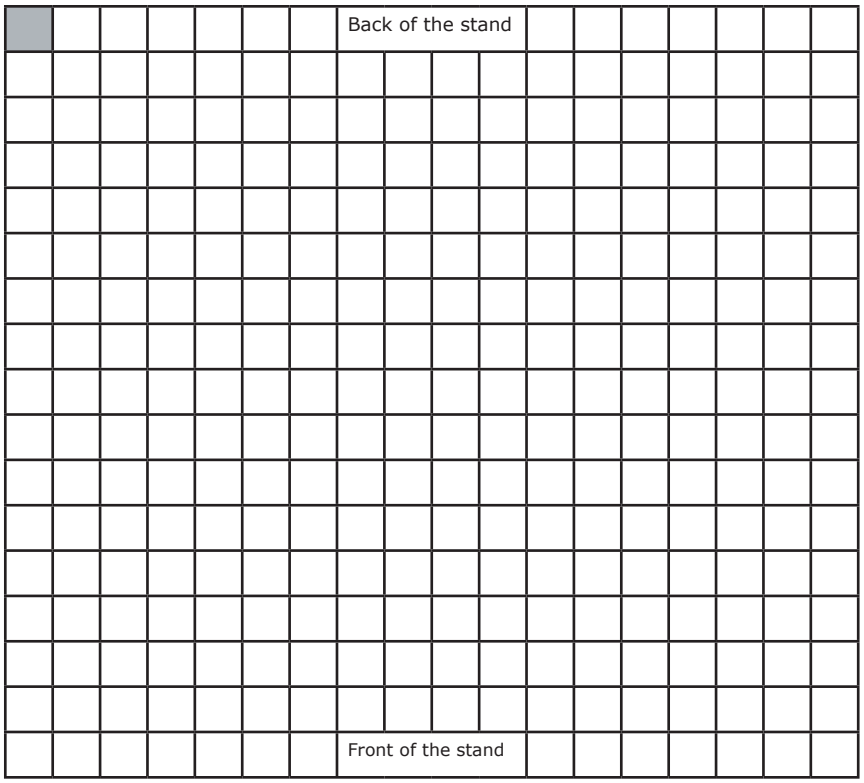
Stand : ..... Hall Nr: .....
Intracommunautaire Nr/ID Nr : .....
Company Name: .....
Biling Address: .....
..... Postal Code: .....
City: ..... Country: .....
Tel.: ..... Fax.: .....
Contact Person: .....
E-Mail:.....

=1m²



DOCUMENT TO RETURN TO :

exhibitorbook@square-brussels.com

Tél : +32 2 515 13 99
Fax : +32 2 479 47 37

Please fill in all the billing information and sign this form to confirm the order.

By signing this, you agree with our general terms & conditions

No claims will be accepted after the exhibition.

All changes of invoice due to wrong information will cost 25€.

IMPORTANT

Delivery of late orders is not guaranteed.
All orders received after 07/10/2011 will be increased by 20% and immediate payment will be asked.

Payment upon receipt of the invoice
O Bank Transfer:
CBC Banque - Grand'Place 5 - B-1000 Brussels - Belgium
Account NR: Swift Code: CREG BE BB-
IBAN CODE:

O Credit card (+2% administration costs):
.....
Security Code: ..... Amount: ..... Exp.date: ...../.....

Date:

Signature:

Company's stamp: