Addis International

Health Exhibition & Conference

**Exhibitors’ Registration Form**

**Registration Fee = 50 USD Space price = 85 USD / m2 + 15% VAT**

**Name of Company …………………………………………………………………………………….**

**Address: Country-……………………….. City …… …… Tel. - …………………… Fax …………………… E-mail………………………..**

**Contact Person: ………………………………………………… E-mail………………………..**

**Space desired: -----x------- meters**

**Total amount of pay = USD. …………………**

**NB :**

* The minimum standard space is 9 m2.
* Special display needs are subject to negotiation.
* 50% of the space price is payable upon submitting this form, and the remaining should be settled prior to space acquisition.
* Attach the copy of your updated legal registration.
* For any clarification contact 251 933 707 3 54 E-mail : medcobiomed@gmail.com OR medco@ethionet.et