



STAND PLAN FORM

EHPBA CONFERENCE CTICC, HALL 2 & 3 12 – 16 APRIL 2011

TO VIEW FURNITURE ITEMS PLEASE VISIT:
www.oasysexhibitions.co.za

Company Name: _____

Stand Number/s: _____

Contact Person: _____

Postal Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

VAT# (SA Residents): _____

PLEASE RETURN FORMS TO: Contact : Stacy Simpson TEL : + 27 21 526 3200 FAX : +27 21 552 1841 services@oasysexpo.com	DEADLINE DATE 25 MARCH 2010	ENQUIRES: Contact : Beulah Henning TEL : + 27 21 526 3200 FAX : +27 21 552 1841 beulah@oasysexpo.com
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TO ENSURE CORRECT PLANNING FOR THE SHOW, THE INSTALLATION OF YOUR SERVICE REQUIREMENTS AND THAT STANDS ARE OF A SUITABLE STANDARD, THIS FORM MUST BE COMPLETED AND RETURNED.

On the grid provided please indicate the position of the services ordered.

1. Type of electrical connections i.e. plug points **X**, spot lights **⊕**/connection for own lights.
2. Position of furniture and equipment used.
3. Any other information not specified above

Stand of size ordered: _____ m x _____ m SCALE: One block = _____

PLEASE NOTE: Should this form not be completed and returned, services requested will be placed at the discretion of the contractors and any changes made on site will be subject to an extra charge and may not be able to be affected. Please check that the relevant forms have been completed and that payment has been made.

PLEASE KEEP A COPY FOR YOUR RECORDS