



3rd International Conference of Translational Medicine Exhibition/Sponsor Order Form

Your detail

Title (Prof. Dr. Mr. Ms.) _____

First Name _____

Surname _____

Job Title _____

Organization _____

Address _____

State/Country _____

Post/Zip Code _____

Tel _____

Fax _____

Email _____

How to pay

Please note that all figures are subject to VAT at the prevailing rate (4.72%)

Total amount payable: \$ _____ (included tax)

___ I will arrange a bank transfer to Hawaii Gangze Inc, please

___ send me the payment details

___ I WISH TO PAY BY CREDIT CARD

(NOTE: THE CONFERENCE PROJECT LEAD WILL CONTACT YOU TO TAKE THE PAYMENT)

Sign and date of form

have read and agree to abide by the payment and cancellation terms as outlined below, and I understand that this form confirms my booking. I accept that from now on charges will be imposed for cancelled bookings, and that up to the full fee will be payable:

Signature _____

Date: ___/___/___

ORDER DETAILS

- ___ Exhibitor Opportunities
- ___ EXCLUSIVE PLATINUM SPONSOR
- ___ GOLD SPONSOR (**Note: Be taken**)
- ___ SILVER SPONSOR
- ___ ePACKAGE SILVER DIGITAL SPONSOR
- ___ TABLE TOP
- ___ NETWORKING Opportunities
- ___ DRINKS RECEPTION
- ___ COFFEE BREAK
- ___ BREAKFAST SESSION
- ___ LUNCH SESSION
- ___ MEET THE SPEAKERS' DINNER
- ___ TRAVEL AWARD
- ___ BRANDING & VISIBILITY
- ___ Delegate bag
- ___ Lanyards
- ___ Delegate bag insert
- ___ MEMORY CARD

Return Form to:

Hawaii Gangze Inc
Business Development Manager
Tel: +1 808-367 6828
Email: gzou@shgangze.com
(Please scan and email the form)