



MEETING ROOM BOOKING FORM

Please complete and return to the EACR25 Congress Secretariat
Email: wessel.nieuwenweg@ecco-org.eu – Fax: +32 (0) 2 775 02 00

- Save the PDF to your desktop and open with Acrobat Reader
- Complete the form electronically: Use “Add Text” tool above the form to fill in
- When completed electronically, please print out and sign
- Only completed signed forms will be accepted

Company Name and Address

The company name as it should appear in official listings, e.g. in the Digital Proceedings Book:

Name: _____

Contact person: _____

Address: _____

Postal code: _____ City: _____

Country: _____ Tel: _____

Email: _____

We wish to reserve the following items

Meeting Rooms Space (EXCL. VAT)

<input type="checkbox"/>	Meeting Room Full Duration of the Congress Bag	€ 7 500
<input type="checkbox"/>	Meeting Room One Day on _____ (insert date)	€ 2 750
<input type="checkbox"/>	Meeting Room (4 hours)	€ 1 750
<input type="checkbox"/>	Saturday 08:00 – 12:00	
<input type="checkbox"/>	Saturday 13:00 – 17:00	
<input type="checkbox"/>	Sunday 08:00 – 12:00	
<input type="checkbox"/>	Sunday 13:00 – 17:00	
<input type="checkbox"/>	Monday 08:00 – 12:00	
<input type="checkbox"/>	Monday 13:00 – 17:00	
<input type="checkbox"/>	Tuesday 08:00 – 12:00	

Nomad Meeting Space (in the Exhibition Hall) (EXCL. VAT)

<input type="checkbox"/>	1 Hour Nomad Meeting Room Slot Date: _____ Preferred Time (1 hour) _____	€ 350
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Invoicing Data

- Only one invoice address may be used. If updated of additional invoices are subsequently requested using a different address, a € 100 administrative fee will be charged
- All invoices must be settled in full by the payment date indicated on the invoice (30 days) or before the start of the Congress should this date fall first
- In the event that an invoice remains unpaid after a settlement date, EACR reserves the right to deny access to the Congress

Invoicing Details

Name company or agency: _____

Contact person: _____

PO number/reference number: _____

VAT/Tax ID Number _____

Address: _____

Postal code: _____ City: _____

Country: _____ Tel: _____

Email: _____

Payment should preferably be made by bank transfer. In the case of a payment by credit card, the card fees will be charged to the booking company.

Agreement

On behalf of _____ (add company name), I hereby agree to be bound by the EACR25 Invitation to Industry and all the General Terms and Conditions as outlined below.¹

Date: _____ Name: _____ Signature: _____

¹ This application is legally binding on the company pending its acceptance in writing by the organiser and subject to the published General terms and Conditions for EACR25