**APPLICATION FOR EXHIBIT SPACE – ICOLD 2020**

**ICOLD 2020 Annual Meeting & Symposium, Apr 4-10, 2020 – India Expo Centre & Mart, New Delhi, India**

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| **COMPANY INFORMATION** | | | | | | |
| Company Name: | | | | | | |
| **Please indicate the name of your organization as it should appear for any and all communications and information with regard to ICOLD 2020. Invoice will be sent to the key contact.** | | | | | | |
| **Key Contact** | First Name: | | | Last Name: | | |
| Title: | | | | Department: | | |
| Address: | | | | | | |
| City: | | Province/State: | | | Postal/Zip Code: | |
| Country: | | | Telephone: | | | |
| Email: | | | Social Media: | | | |
| **We hereby apply for the following exhibit space:** | | | | | | |
| **Booth size:** *hard-wall booth package* 9m² (3 m x 3 m)  *Exhibitor – (Space only) -* USD 5600  *Exhibitor – (With Stand) -* USD 6700 | | | USD **5600** per boothx # required =  USD **6700** per booth x # required = | | |  |
|  |
| **Sub-total:** | | | | | | USD |
| GST 18% Extra will be added to the booth Fee | | | | | |  |
| **TOTAL AMOUNT DUE AND PAYABLE:** | | | | | | USD |
| ICOLD 2020 reserves the right to approve at its sole discretion, all Exhibitor applications. By submitting this application, you are hereby acknowledging acceptance of all of the terms and conditions stipulated in this document and also agree to make full payment of your application within thirty (30) days of receiving the invoice. Bank transfer and credit card payment options are available; please contact the ICOLD 2020 Secretariat for details. | | | | | | |
| **PREFERRED BOOTH LOCATION** | | | | | | |
| **1ST  2ND  3RD  .**  **Exhibit space is assigned on the basis of the date the application and full payment are received, and accepted. The Organizer reserves the right to determine the final allocation of booth space. Please indicate any organizations you do not want to be beside:** | | | | | | |
| I am the authorized representative of above-named company and have full power and authority to sign and deliver this application. The company agrees to comply with all the policies in the Exhibitor Manual.  **Name: Signature:** | | | | | | |

**Please submit (retain a copy for your records) this application to:**

**ICOLD 2020 Secretariat**

Indian Committee on Large Dams (INCOLD)

Plot No. 4, Institutional Area, CBIP Building

Malcha Marg, Chanakyapuri, New Delhi, India-110 021

Ph. 91-11-26115984 / 26116567, Fax : 91-11-26116347

E-mail : abstracts-papers@icold2020.org