



## EXHIBITION REGISTRATION FORM

Please complete in CLEAR BLOCK LETTERS & return to:  
ORTRA Ltd. Fax: 972-3-638 4455, E-Mail: imtm@ortra.co.il

EXHIBITOR DETAILS		
<b>Name of Exhibitor:</b>		
Contact Person:	Position:	
Mailing Address:	City	
Postal Code:	Country:	
Phone:	Fax:	
E-Mail:		
A. Order for Exhibition Standard Booth/s		
First choice: Space no. _____	Size: _____	sq.m
Second choice: Space no. _____	Size: _____	sq.m
No. of sq.m	Rate in US \$	SubTotal US \$
	\$ 350 per sq.m (up to 12 sq.m)	\$
	\$ 300 per sq.m for each additional sq.m	
	\$ 30 per sq.m for corner booth supplement	
	<b>Subtotal:</b>	
	17 % VAT (foreign exhibitors paying in foreign currency are exempt)	
	<b>Grand Total for Payment:</b>	\$

### Signage for Standard Booth/s: (max. 30 letters for each 6 sq.m)

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B. Order for Exhibition Unconstructed Space		
First choice: Space no. _____	Size: _____	sq.m
Second choice: Space no. _____	Size: _____	sq.m
No. of sq.m	Rate in US \$	SubTotal US \$
	\$ 230 per sq.m (up to 40 sq.m)	
	\$ 190 per sq.m for each additional sq.m	
	<b>SubTotal:</b>	
	17 % VAT (foreign exhibitors paying in foreign currency are exempt)	
	<b>Grand Total for Payment:</b>	

We read, understood and agree to IMTM 2005 Terms & Conditions

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**(To be completed by ORTRA Ltd.) We confirm your registration for:**

Booth/unconstructed space No. \_\_\_\_\_ Size: \_\_\_\_\_ sq.m

Attached please find invoice No. \_\_\_\_\_ In the amount of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_