I·M·T·M·

6th International Mediterranean Tourism Market

2000

February 7-9, 2000 Tel Aviv, Israel

EXHIBITION APPLICATION / REGISTRATION FORM

Please Complete in clear block letters and return with deposit to:
***Ortra Ltd.**, PO Box 9352, Tel Aviv 61092, Israel.*
Tel: (Office) 972-3-6384444, (Direct line): 972-3-6384453; Fax: 972-3-6384455
E-Mail: imtm@ortra.co.il

Name of Company/ Firm.....

Contact Person.....

Address.....

.....

Town.....Post Code.....Country.....

Tel.....Fax.....

☐ ***We wish to order the following exhibition Stand/ Booth***

As per map no.....total of .....sqm.

.....sqm. x US $ 320 per sqm. (up to 12 sqm.).....$US

.....sqm. x US $ 275 per sqm. (over 12 sqm.).....$US

Total.....$US

VAT.....$US

Grand Total..... $US

☐ ***We wish to order the following exhibition open space***

As per map no.....total of ..... sqm.

.....sqm. x US $ 210 per sqm. (up to 40 sqm.).....$US

.....sqm. x US $ 175 per sqm. (over 40 sqm.).....$US

Total..... $US

VAT..... .$US

Grand Total..... $US

☐ ***Payment***

Grand Total:..... US $.....NIS rate on date of payment.....NIS.

Enclosed is check #.....or Bank Transfer #.....in amount of.....NIS
including VAT, 50% deposit of the Grand Total for registration and application.
For bank transfer, see "Terms of Payment."

☐ Name of exhibitor to appear on booth/stand only (up to 30 letters) for each 6 sqm.....

☐ We require the following tourism service(s).....

☐ We have read, understood and agree with the enclosed I.M.T.M. terms/conditions

Signature..... Date.....