



12th International Mediterranean Tourism Market

7-8 February, 2006 -Tel Aviv, Israel

EXHIBITION REGISTRATION FORM

Please complete & return to ORTRA Ltd.
 Fax: 972-3-638 4455, Phone: 972-3-638 4444
 E-Mail: imtm@ortra.com

Name of Exhibitor: _____

Contact Person: _____

Title: _____

Address: _____ City: _____

Zip 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 in US \$
	\$ 385 per sq.m (up to 12 sq.m)	
	\$ 330 per sq.m for each additional sq.m	
	\$ 30 per sq.m for corner booth supplement	
	Subtotal:	
	16.5% VAT (foreign exhibitors paying in foreign currency are exempt)	
	Grand Total for Payment:	\$

Signage for Standard Booth/s: (max 20 letters for each 6 sq.m)

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 \$
	\$ 255 per sq.m (up to 40 sq.m)	
	\$ 210 per sq.m for each additional sq.m	
	SubTotal:	
	16.5% VAT (foreign exhibitors paying in foreign currency are exempt)	
	Grand Total for Payment:	\$

We read, understood and agree to *IMTM 2006 Terms & Conditions*

Family Name: _____ First 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: _____