

## SCHOOL OF CONTINUING AND DISTANCE EDUCATION

COLLEGE OF EDUCATION LEGON

## **EXHIBITION FORM**

Four Easy Ways to Apply



Name	Telephone	Email	Adaaman Close Tesano -Light	
Abena Owusu-Dankwa	0244041088	abena@infocuspr.com	ı	Industrial Area;
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*Return this form to confirm your registration				
A. Exhibitors Details				Data Protection
(Please photocopy this form to register more than one delegate)			Occasionally, the companies in The Event Organizers would like to contact you about new features, events, news, special offers and for market research purposes.	
First Name:				
Contact Person:			market	research purposes.
Nature of Business:				Tick this box if you'd like to hear from us by e-mail
				ssume that we may contact you unless k these boxes:
Adrdress:				No contact from us by post
Town/City:				No contact from us by
Tel:	Fax:			Telephone  No contact from other selected
E-mail:				Companies about their products
B. Pricing details and Spe	cial offers			and services by post
Participating fee (including documentation & St	ands):			
_	C: 3,000		Sub	stitutions/Cancellations
☐ Double Stands (6m x 4m) GH(☐ Single Stand (3m x 4m) GH(☐ Stand (3m x	C: 2,800 C: 1,800	Ī	If you	are unable to attend the Exhibition for any
	reed based on Exhibitor's request		reason	, you may make substitutions at no extra but we would appreciate prior notice. If
☐ Would you like us to arrange a	tour to your company?		you wis	sh to cancel you're your booking we require at 1 days' prior written notice.
<b>Brochure Advertisement:</b>				
☐ Full page inside − 1500			admini	cancel at least 21 days prior to the event an stration fee of 20% will be payable. If full
☐ Inside cover – 1700 ☐ Back cover - 2000				nt has already been made, the balance e administration fee) will be refunded.
☐ Half page – 900				r cancellation notice is NOT received at
Quarter page – 500				1 days prior to the day of the event, you liable for payment of the full fee and will
C. Payment Details			not be	entitled to any refund.
I wish to Book:	(number) stand(s)			serve the right to accept or reject
Total amount (GH¢):	(	l	exilibit	iors at our own discretion.
D. Payment Methods	(Exhibition fees strictly payable	in advance)		
Please select one of the following payment (				
(Tick as appropriate): Cash ☐ Cheque				
* All Cheques should be made payable to the Ban			of Educatio	Account No : 0160134485305902

## E. Confirmation

I / we confirm that I / we: Have read and accepted Events' substitution / cancellation policy am/are authorized to sign this document on behalf of the above company