

## Booking Form

Please fill/print and return this form along with the payment to Delta Conex  
Address: 19 Mostafa Refaat Street, Masaken Sheraton, Cairo, Egypt  
info@deltaconex.com | www.deltaconex.com | Tel: +2010 17 099 366

### EXHIBITOR INFORMATION

Exhibitor Name: ..... Stand No.: .....  
Address: .....  
Country: ..... City: ..... Postal Code: .....  
Contact Person: ..... Title: .....  
Mobile: ..... Telephone: ..... Fax: .....  
Email: .....  
Website: .....

### TYPE OF BUSINESS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sports Equipment & Supplies       | <input type="checkbox"/> International Sports Brands Agencies      | <input type="checkbox"/> Fishing Equipment & Supplies |
| <input type="checkbox"/> Sports Field Equipment & Supplies | <input type="checkbox"/> Medical & Physical Rehabilitation Centers | <input type="checkbox"/> Youth Centers \ Clubs        |
| <input type="checkbox"/> Sportswear                        | <input type="checkbox"/> Camping Equipment & Supplies              | <input type="checkbox"/> Sports Clubs & Academies     |
| <input type="checkbox"/> Nutritional Supplements           | <input type="checkbox"/> Water Sports Equipment & Supplies         |   |
| <input type="checkbox"/> Fitness & Gym Centers             | <input type="checkbox"/> Martial Arts Equipment & Supplies         |   |

### BOOTH PREFERENCES: (24 SQM MINIMUM SPACE)

Shell Scheme 360 \$/SQM X ..... = \$ .....  
Space Only 300 \$/SQM X ..... = \$ .....  
Shopper 250 \$/SQM X ..... = \$ .....

### Payment Terms

- 25% upon signing the application
- 25% no later than 90 days prior to the exhibition
- Remaining 50% no later than 45 days prior to the exhibition
- Booking 25 days prior to the exhibition date, requires full payment of the total cost
- This price doesn't include 14% VAT

Signature: .....

Stamp

Date: .....

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