



Exhibition Form ECD 2020

ECD 2020 May 24-26, 2020, University of Twente

Enschede, The Netherlands

Please complete the Exhibition Form and return it before March 1, 2020

- by Fax to ECD 20120 (fax nr: +31 53 489 1099),
- or by e-mail to a.nijhuis@utwente.nl
- or by mail to
A. Nijhuis
Carre 2043
University of Twente
P.O.Box 217
7500 AE Enschede
The Netherlands

The Exhibition Fee for a standard Single Booth includes:

- Two Full Conference Registration with admission to all Technical sessions and Social Events.
- Booth size: about 3x2 m² with black back wall panels.
- Booth space is carpeted with hard coal colored carpet-tiles.
- Standard electricity connection (230 V, 1000 W max), no extension cable.
- Electricity consumption for the duration of the exhibition.
- Wireless Internet Access, free of charge (fair use policy).
- Two spotlights.
- Board display with company name on the back wall.
- Pre- and post-conference listing on the ECD 2020 website with a hyperlink to your company or institution's homepage: **please send the company logo by email.**
- Listing the name of your company or institution in the Conference Program/Abstract Book

Exhibition Booth Registration:

- Gold (booth + logo program booklet and website): CSE member € 700, non-CSE € 900, about 3x2 meter.
- Silver (no booth, logo program booklet and website): CSE member € 250, non-CSE € 350.

No registration fee up to 2 exhibitors, above 2 exhibitors the fee is , € 50 per person.

Prices are VAT excluded.



Remarks:

The under signed persons declare that they have read and accepted the EXHIBIT CONTRACT RULES & REGULATIONS of the European Cryogenics Days, organized at the premises of the University of Twente. The rules and regulations are published on the ECD 2020 website www.utwente.nl/ECD2020.

Company/ Institute: _____

Company/Institute spelled name on back wall: _____

CSE Member: YES NO

Company/Institute web URL: _____

VAT nr company (only European companies): _____

Contact person surname: _____ First name: _____

Department: _____

Mailing Address: _____

Zip Code: _____ City: _____

Country: _____

Email: _____

Phone: _____ Fax: _____

Signature: _____

Full Conference Registration Person 1:

Name: _____

Address: _____

Phone: _____

Email: _____



Fax: _____

Signature: _____

Full Conference Registration Person 2:

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Signature: _____