
GULFCAN CONFERENCE FEBRUARY 8-10 2022

CONFERENCE REGISTRATION - SUPPLIERS

SHEIKH ZAYED RD. DUBAI U.A.E.

Section 1: Company Information (Please Type or Print)

Company (enter entire official name) _____

Street Address/P.O. Box or Suite _____

City _____ State _____ Zip Code _____ Country _____

Primary Contact _____ Phone () _____

Fax () _____ E-mail _____ Website _____

Products Manufactured _____

Section 2: Fee Schedule

Full Presentation & Exhibition Package:

Package includes

- 2 nights at the Crowne Plaza Sheikh Zayed Rd.as well as all meals from Tuesday lunch through Thursday lunch. Entry into all conference activities.
- Presentation (30 minutes) in the technical program.
- A Tabletop in our Exhibition Hall.
- A listing in the conference database and a copy of the database.

Until October 15: \$4700 = _____

After October 15: \$5300 = _____

Exhibitor Package:

Package includes

- 2 nights at the Crowne Plaza Sheikh Zayed Rd.as well as all meals from Tuesday lunch through Thursday lunch. Entry into all conference activities.
- A tabletop in our Exhibition Hall.
- A listing in the conference database and a copy of the database.

Until October 15: \$3400 = _____

After October 15: \$3900 = _____

Attendee Package:

If you have already chosen one of the above packages each addition attendee is added as an Attendee Package.

Package includes

- 2 nights at the Crowne Plaza Sheikh Zayed Rd.as well as all meals from Tuesday lunch through Thursday lunch. Entry into all conference activities.
- A listing in the conference database, and will receive a copy of the database.

Until October 15: \$2100 x number of people _____ = _____

After October 15: \$2400 x number of people _____ = _____

Total = _____

Section 3. Attendance Information

<i>Attendee</i>	<i>Professional Title</i>	<i>E-mail address</i>	<i>Cell Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Payment Information

Customers will be invoiced Net-30. Payment can be made by check, wire transfer, or Visa/Mastercard/Amex. Please supply the name and e-mail of the person responsible for payment of above amount due:

Name _____ Email _____

Non-payment of invoice may result in non-entry to conference. Cancellations will be reimbursed in full minus \$100 administration fee until January 15, thereafter at 50%.

The undersigned hereby agrees to the terms and conditions as set forth in this contract.

Authorized Signature: _____ Date: _____

Sign, Scan, and E-mail invoice to contact@worldcanconferences.com
