



**Exhibitor Booking Form**

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| Company Name |  |
| Exhibitor Package Required |  |
| **Please complete the below details for the individual managing the booking** |
| Title |  |
| First Name |  |
| Surname |  |
| Job Title |  |
| **Email address** (Please use the one you are known to us as where applicable) |  |
| Telephone Number |  |
| Please select your ticket type | Day 1Day 2Both DaysDay 1 including Gala DinnerDay 2 including Gala DinnerBoth Days including Gala DinnerDinner OnlyNot attending lead contact only |
| Let us know of any access requirements (leave blank if none) |  |
| Let us know of any dietary requirements (leave blank if none) |  |
| **Membership number** |  |
| Address |  |
| **Please Provide the billing/invoicing address if different from the below** |
| Billing address |  |

**Included in your package are 2 exhibitor passes, these entitle 2 named individuals entry to both days of the conference, attendance at the pre-dinner drinks reception and a place at the Gala Awards dinner. Both the pre-dinner drinks reception and the Gala dinner are being held at the Celtic Manor, ICC Newport, on the evening on the 7th-8th May 2025**

**You may add more names, if so, these will be charged at the IHEEM members rate for attendance at the conference and the full rate for the dinner.**

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| **Details of those attending on behalf of the exhibitor** |
| **Name** | **Email** | **Access requirements** | **Dietary requirements** |
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**Please return completed form to events@iheem.org.uk**

**Signed**

**Date**