** IHEEM - Midlands Innovation in Healthcare Conference 2025 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 |  |
|  |  |
| 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 |  |

**£1000+VAT each for the day,** **This will be for a power supply and a 6ft x 2ft table and two chairs**

**Please return the form to: events@iheem.org.uk**

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| **Details of those attending on behalf of the exhibitor** |
| **Name** | **Email** | **Access requirements** | **Dietary requirements** |
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**Signed**

**Date**