

## Application for Space

### USA PAVILION AT DEFEA – DEFENCE EXHIBITION ATHENS

COMPANY NAME:

EXECUTIVE OFFICER NAME & TITLE:

ADDRESS:

POST CODE:

TELEPHONE:

EMAIL:

FIELD OF BUSINESS:

ACCOUNTING DEPARTMENT EXECUTIVE NAME:

TELEPHONE:

EMAIL:

V.A.T. NO:

TAX OFFICE:

NAME OF CONTACT PERSON FOR DEFEA EXHIBITION:

TELEPHONE:

EMAIL:

#### EXHIBITION SPACE COST

<b>EXHIBITOR REGISTRATION FEE</b>	<b>300 € per company</b>
<b>RAW SPACE</b> <i>Including all USA Pavilion Special Services *</i>	<b>395 €/m<sup>2</sup></b>
<b>ADDITIONAL COST FOR CONSTRUCTION</b> (If requested)	
<b>BASIC TYPE SHELL SCHEME STANDS</b> (12 m <sup>2</sup> to 30 m <sup>2</sup> ) *	<b>61 €/m<sup>2</sup></b>
<b>SILVER TYPE SHELL SCHEME STANDS</b> (12 m <sup>2</sup> to 40 m <sup>2</sup> ) *	<b>99 €/m<sup>2</sup></b>
<b>SUPERIOR TYPE SHELL SCHEME STANDS</b> (12 m <sup>2</sup> to 40 m <sup>2</sup> ) *	<b>110 €/m<sup>2</sup></b>

Required Square Meters	Raw Space 390 €/m <sup>2</sup>	Basic Type Shell Scheme 61€/m <sup>2</sup>	Silver Type Shell Scheme 99€/m <sup>2</sup>	Superior Type Shell Scheme 110€/m <sup>2</sup>	Registration Fee	Total Cost
					<b>300€</b>	



## \* IMPORTANT NOTES

- Exhibitors are requested to view the **Exhibitors Manual** for the equipment included in each type of stand and further technical information about each exhibit
- **Additional services** (electricity, water & waste, internet etc.) and equipment (furniture etc.) would be ordered and invoiced from the house contractor (Expowork S.A.) and subject to direct communication with the company (EXPOWORK S.A. INTEGRATED EXHIBITION & CONGRESS SYSTEMS, Tel.: +30 210 3542 990, E-mail: expowork@expowork.gr)
- The exhibitors will have to complete this **Application for Space** and return to AMCHAM accompanied by the payment to ensure the reservation. As soon as the payment is received, the booth reservation will be confirmed
- To increase the likelihood of being assigned your preferred booth location, register as soon as possible

## \*\* SPECIAL SERVICES OFFERED FOR THE USA PAVILION EXHIBITORS

- Pre-exhibition Business Breakfast Briefing
- USA Pavilion Inauguration Ceremony
- USA Pavilion Official Reception
- Uniform Customized Exhibition Stands (except bare floor participations)
- USA Pavilion Secretarial Support & Information Area
- USA Pavilion Exhibitors' Lounge
- USA Pavilion V.I.P. and Meeting Room
- Foreign Delegations Welcoming Committee consisting of military officers from the Office of Defense Cooperation
- Potential to organize special seminars/workshops during the exhibition
- Complete reference of your company at the USA Pavilion catalogue
- Participation at targeted press briefings for maximum media exposure

## FINANCIAL TERMS

- Payment of participation (includes registration fee, raw space and, *if requested*, construction – *basic, silver or superior type* – will be made in Euro, at the Euro-Dollar exchange rate on the day of deposit, in three (3) installments as follows:

### **Payment should be made in three installments**

- 20% of the total amount in advance with the application
  - 30% by February 28, 2020
  - 50% by April 30, 2020
- Bank transfer expenses will be paid by the exhibiting company
  - **VAT (24%) applied to companies registered in Greece** and will be added to the final invoice

## DECLARATION AND CANCELLATION OF PARTICIPATION

- The application form must be submitted to the American-Hellenic Chamber of Commerce no later than January 20, 2020.
- Cancellation of this application can only be accepted by written notice as follows:
- In case of cancellation by March 20, 2020 the exhibitor will be charged 50% of the total amount for participation. In case of cancellation after March 20, 2020, 100% of the total participation fee will be charged.



## METHODS OF PAYMENT

- By a deposit of the amount at the Chamber's account

Bank: Alpha Bank: 206 00 232 0000 243

IBAN Number: GR58 0140 2060 2060 0232 0000 243

SWIFT CODE: CRBAGRAAXXX

Account Beneficiary: AMERICAN-HELLENIC CHAMBER OF COMMERCE

IMPORTANT: Please inform us that you have made the payment, by sending a copy of the appropriate receipt from the bank by fax

- By Credit Card (AMEX, VISA, MASTERCARD)

Please bill my credit card  AMEX  VISA  MASTERCARD

CARD NUMBER

CVV NUMBER

CARDHOLDER'S NAME

EXPIRATION DATE

CARDHOLDER'S SIGNATURE

DATE

I accept the above terms and conditions of participation

COMPANY REPRESENTATIVE:

DATE:



### AMERICAN-HELLENIC CHAMBER OF COMMERCE

Please return the form completed to the American-Hellenic Chamber of Commerce.

Attention of Voula Tseritzoglou, Email: [v.tseritzoglou@amcham.gr](mailto:v.tseritzoglou@amcham.gr)

Tel.: 210 699.3559 (ext. 10) | Fax: 210 698.5686