

# EXHIBITION SPACE CONTRACT

Company Name : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Title : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 City : \_\_\_\_\_ Postal Code : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_  
 Mobile : \_\_\_\_\_  
 E-mail : \_\_\_\_\_  
 No of NPWP : \_\_\_\_\_  
 Address of NPWP : \_\_\_\_\_



PLEASE SEND THE ORIGINAL FORM TO :  
 PT NEO EXPO PROMOSINDO  
 Fax : 021-8623638  
 or scan this form and email to  
 expoinfofranchise@yahoo.com

## EXHIBITION SPACE

TYPE OF BOOTH (Please tick your preferred choice for each cities)

**JAKARTA**     Raw Space    Shell Stand =Rp.....x.....sqm = Rp.....No.Stand (.....)  
**BANDUNG**     Raw Space    Shell Stand =Rp.....x.....sqm = Rp.....No.Stand (.....)  
**SURABAYA**    Raw Space    Shell Stand =Rp.....x.....sqm = Rp.....No.Stand (.....)  
**SEMARANG**    Raw Space    Shell Stand =Rp.....x.....sqm = Rp.....No.Stand (.....)  
**MAKASSAR**    Raw Space    Shell Stand =Rp.....x.....sqm = Rp.....No.Stand (.....)

TOTAL PAYMENT : Rp .....  
 Contact Person of Finance : ..... Tip / Handphone : .....

## PAYMENT SCHEDULE AND PROCEDURE

Payment should be addressed to :  
**a/n PT NEO EXPO PROMOSINDO**  
**Bank Central Asia (BCA) Cabang Kalimantan**  
**Acc. No: 230 333 25 88**

Please provide us with a copy of your bank transfer slip and send by email or fax. Please notice that the total charges is due when the Exhibition Space Contract is signed. All bank administration and provision charges are to be borne by the exhibitor.

We hereby confirm our participation at **INFO FRANCHISE & BUSINESS CONCEPT EXPO 2016** and we confirm our acceptance of the Rules & Regulations. **I AGREE TO THE BOOKING CONDITIONS.**

### CANCELLATION FEES

The following penalties will apply for every booth / space cancelled.

Noticed of Cancellation Received	Penalty
One month before event	Exhibitors has to pay a penalty of 50 % of the total cost of booth space taken
Two weeks before event	Exhibitors has to pay 100 % of the total cost of booth space taken

DUTY STAMP  
HERE

Authorized signatored on the duty stamp : \_\_\_\_\_ Full Name : \_\_\_\_\_ Date : \_\_\_\_\_  
 (Company Name & Signature)

## ADDITIONAL ORDER

Company Name : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Title : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 City : \_\_\_\_\_ Postal Code : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_  
 Mobile : \_\_\_\_\_  
 E-mail : \_\_\_\_\_



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## REQUIREMENTS

**NOTES : Penambahan pada saat hari loading/pameran akan dikenakan kenaikan biaya 100% dari harga normal**

Standard Table  
Rp. 150.000,- /Unit

Standard Chair  
Rp. 80.000,- /Unit

Round Table  
Rp. 1.000.000,- /Set

Electricity  
Rp. 400.000,- /2 Amp

JAKARTA	..... Unit	..... Unit	..... Set	..... Amp
BANDUNG	..... Unit	..... Unit	..... Set	..... Amp
SURABAYA	..... Unit	..... Unit	..... Set	..... Amp
SEMARANG	..... Unit	..... Unit	..... Set	..... Amp
MAKASSAR	..... Unit	..... Unit	..... Set	..... Amp

TOTAL PRICE ADDITIONAL ORDER : Rp .....

Contact Person of Finance : ..... Tlp / Handphone : .....

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Payment should be addressed to :  
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 Bank Central Asia (BCA) Cabang Kalimalang  
 Acc. No: 230 333 25 88

We hereby confirm our order at INFO FRANCHISE & BUSINESS CONCEPT EXPO 2016

DUTY STAMP  
HERE

Authorized signatored  
 on the duty stamp :

(Company Name & Signature)

Full Name : \_\_\_\_\_ Date : \_\_\_\_\_

## EXHIBITOR PASS

Company Name : .....

Contact Person : .....

Title : .....

Address : .....

City : ..... Postal Code : .....

Telephone : ..... Fax : .....

Mobile : .....

Email : .....

No Stand : .....



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**E-Mail : expoinfofranchise@yahoo.com**

## REQUIREMENTS

- **ADDITIONAL EXHIBITOR PASS**  
 In addition to the free exhibitor passes, we order:

PRICE / UNIT	QUANTITY	TOTAL PRICE (Rp)
<b>Rp. 40.000,-</b>		

**Terms & Conditions:**

- Every on-site order for exhibitor pass must be paid in cash.

Authorized signature  
 On Company Stamp

\_\_\_\_\_ (Full Name) \_\_\_\_\_ Date \_\_\_\_\_  
 (Company Name & Signature)

# FASCIA LABEL

Company Name : .....

Contact Person : .....

Title : .....

Address : .....

City : ..... Postal Code : .....

Telephone : ..... Fax : .....

Mobile : .....

Email : .....

No Stand : .....



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# UPDATED COMPANY NAME

Exhibition stands will be provided with name labels on their fascia boards. These are for identification only and names should be abbreviated. All fascia labels will have uniform lettering. Please type in the space below the name you wish to appear on your board, in capital letters.




Authorized signature \_\_\_\_\_ (Full Name) \_\_\_\_\_ Date \_\_\_\_\_  
 On Company Stamp (Company Name & Signature)

# MAIN STAGE SCHEDULE

Company Name : .....

Name : .....

Title : .....

Address : .....

City : ..... Postal Code : .....

Telephone : ..... Fax : .....

Mobile : .....

Email : .....

No Stand : .....



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# PROGRAM SCHEDULE

No.	PROGRAM	DATE	TIME
1.			
2.			
3.			

**Terms & Conditions:**

1. Program slot for each hall is 45minutes. (15 Minute for preparation)
2. Maximum slot for one show is 1 x 45 minutes
3. First come first serve basis is applied.
4. Exhibitors must apply for the main stage Schedule, organizer will re-confirm for the slot availability.
5. Organizer only provide the equipment such as sound system, mic (2 unit), head table & sofa.

**Authorized signature**

**On duty stamp:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(company name & signature + company's stamp)

# 24 HOURS ELECTRICITY

Company Name : .....

Contact Person : .....

Title : .....

Address : .....

City : ..... Postal Code : .....

Telephone : ..... Fax : .....

Mobile : .....

Email : .....

No Stand : .....



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# ELECTRICITY ORDER

**Price : Rp 500.000,- / booth / connection**

Please mark on your preference city

- Jakarta
- Bandung
- Surabaya
- Semarang
- Makassar

**TOTAL PAYMENT : Rp .....**

**Kontak Person Penagihan : ..... Tlp / Handphone : .....**

**Notes :**

**Penambahan pada saat hari loading/pameran akan dikenakan kenaikan biaya 100% dari harga normal**

**Authorized signature**

**On duty stamp:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (company name & signature + company's stamp)

# PARKING

Company Name : .....

Contact Person : .....

Designation : .....

Address : .....

City : .....Postal Code : .....

Telephone : .....Fax : .....

Mobile : .....

Email : .....

No Stand : .....



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# VEHICLES

**Please write down your vehicles police number :**

**Motorcycle ( Sepeda Motor ) : Rp 15.000,- / hari**

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

**CAR ( Mobil ) : Rp 20.000,- / hari**

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

Merk : \_\_\_\_\_ Tanggal Parkir : \_\_\_\_\_

**\*Info Parkir : Irma Mustika S → 0812 1205 0610, 0811 1312 336**

**Terms & Conditions:**

- Every on-site order for Parking must be paid in cash.

**Authorized signature**

**On duty stamp:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (company name & signature + company's stamp)

# FURNITURE

Company Name : .....

Contact Name : .....

Designation : .....

Address : .....

City : ..... Postal Code : .....

Telephone : ..... Fax : .....

Mobile : .....

Email : .....

No Stand : .....



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# REQUIREMENTS

Please remark your preferred choice

- Meja Sofa Kaca** : Rp 200.000,- / unit / hari



- Sofa Double** : Rp 500.000,- / unit / hari



- Sofa Single** : Rp 250.000,- / Unit / hari



- 1 Sofa Double + 1 Sofa Single + 1 Meja** : Rp 2.500.000,- / Set / 3 hari

- Karpets Lain Warna** : Rp 25.000,- / m2

- Lampu Spotlight** : Rp 150.000,- / unit

**TOTAL PAYMENT** : Rp .....

**Authorized signature**

**On duty stamp:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (company name & signature + company's stamp)