

Exhibitor Contact Form

ALL EXHIBITORS MUST COMPLETE AND RETURN BY FRIDAY 11 AUGUST 2017
 to IHC@mci-group.com and IHC2017AV@mci-group.com

| | | |
|---|------------------|-------------------------|
| Exhibitor Name | | |
| Stand Number | | |
| Onsite Lead Contact | | |
| Company (if different to Exhibitor Name) | | |
| Contact Name | | |
| Job Title / Role | | |
| Mobile Number (@IHC 2017) | | |
| Email Address | | |
| Additional Contacts (if <i>Onsite Lead Contact</i> is not available) | | |
| Contact Name | Job Title / Role | Mobile Number (@IHC 17) |
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| If different to the <i>Onsite Lead Contact</i> , please provide the details of the contact who will collect your exhibitor passes | | |
| Company (if different to Exhibitor Name) | | |
| Contact Name | | |
| Job Title / Role | | |
| Mobile Number (@IHC 2017) | | |
| Email Address | | |