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| **Exhibition Application** | | |
| **Companying Information** | | |
| Companying Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Representative 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Representative 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Booth Options** | | |
| Booth Package | Price | No. of Booth |
| **Standard Booth Package**  3m x 2m exhibition area with back wall   * 2 tables * 2 chairs * Carpet * 2 spot lights per stand * Logo and profile on the conference website * Half page company profile on the conference proceedings * 30 free exhibition entry tickets for your customers * 3-day pass to the scientific program * WiFi / WLAN access * Electrical connection * Electricity costs * Cleaning | USD $3149 |  |
| **Total Amount:** | | |
| **Payment Method** | | |
| Exhibitors need to complete the payment within 15 days after signing the agreement.  Otherwise, the exhibition booth will be canceled automatically.  **Payment by Bank Telegraphic Transfer**  Please carefully write the beneficial name and bank info of BIT, any misprint of the names may result in your  telegraphic transfer failure. Prior the TT, please consult one of the organizing committee coordinators to justify  required TT info or refer strictly as the following:  (The detail of remittance, Please note that bank transaction fee is due to the payer.)  THE DETAIL OF REMITTANCE  1. Beneficiary Bank: HSBC Hong Kong  2. Beneficiary Bank Address: 1 Queen’s Road Central, Hong Kong  3. Beneficiary Bank Code: 004 (For Local Payment)  4. SWIFT Address: HSBCHKHHHKH (For Telegraphic Transfers)  5. Beneficiary’s Bank A/C No: 808-737597-838  6. Beneficiary Name: BITeomics Limited  NOTE: Please mark your payment to "WCSM-2019" | | |
| **Contact Us** | | |
| **Ms. Ada Sun or Ms. Snowy Liang**  BIT Group Global Ltd.  East Wing, 11F, Dalian Ascendas IT Park,  No. 1 Hui Xian Yuan,  Dalian Hi-tech Industrial Zone,  LN 116025, P. R. China  Tel: 0086-411-84799609-814 Fax: 0086-411-84795469  Email: [ada@wcsm-con.com](mailto:ada@wcsm-con.com)  snowy@wcsm-con.com | | |