

SPE International Oilfield Corrosion Conference and Exhibition

12-13 MAY 2014 | ABERDEEN, UK
ABERDEEN EXHIBITION AND CONFERENCE CENTRE

Application/Contract for Exhibit Space

This is an application to exhibit at the SPE International Conference and Exhibition on Oilfield Corrosion in Aberdeen, UK, which will become a binding contract between the undersigned company ("the exhibitor") and SPE as long as the company satisfies the SPE exhibitor requirements and, if such, application is accepted by SPE.

Booth Type (Please tick your preferred booth type below)	Is your company registered in the UK? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, UK VAT will be added to your invoice (20%) If NO, you may be eligible to receive a UK zero rated VAT invoice.
<input type="checkbox"/> Space Only = GBP 1,900 100% due on or before 30 days from invoice date.	For a UK zero rated VAT invoice, please provide your EU VAT number and country of registration: _____

Exhibitor Information		
EXHIBITING COMPANY		
MAILING ADDRESS		
CITY/STATE/PROVINCE	ZIP/POSTAL CODE	
COMPANY PHONE NUMBER	COMPANY FAX NUMBER	
COMPANY WEB ADDRESS		
PRIMARY CONTACT (will receive show mailings)	PHONE NUMBER	EMAIL ADDRESS
MARKETING CONTACT	PHONE NUMBER	EMAIL ADDRESS

Payment by cheque: Please make cheques payable to SPE Ventures and send to:	Payment by bank transfer:
SPE Europe, Russia, Caspian and Sub-Saharan Africa Office 1 st Floor Threeways House 40-44 Clipstone Street London W1W 5DW, United Kingdom Tel: +44 (0) 20 7299 3300 Fax: +44 (0) 20 7299 3309 Email: dguest@spe.org Cheque number _____	Account Number: 10359483 IBAN NUMBER: GB10 BARC 2067 5910 3594 83 Name of Account: SPE Ventures Ltd Sort Code: 20-67-59 SWIFTBIC: BARCGB22 Please include 140FCS and the name of your company as reference for the transfer. Barclays Bank 50 Pall Mall London SW1A 1QA, UK

Payment by credit card: Please note that the credit card details provided below will be used by SPE once your space has been agreed and assigned.				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	CREDIT CARD NUMBER	EXP. DATE	AMT. OF CHARGE
<input type="checkbox"/> American Express		AUTHORISED SIGNATURE (Signature at bottom also required)		3 DIGIT SECURITY NUMBER ON BACK OF CARD (or 4 digit security number on front of Amex)
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BILLING ADDRESS OF CHARGE				
SIGNATURE OF EXHIBITING COMPANY REPRESENTATIVE _____			DATE _____	
PRINT NAME _____				



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