6 - 10 September 2015 | Marina Bay Sands, Singapore

Hamss Asia Pac 15

DIGITAL HEALTHCARE WEEK

RENTAL OF SCANNER – DEADLINE 6 AUGUST 2015

THIS FORM MUST BE COMPLETED AND RETURNED BY EVERY EXHIBITOR. IF SERVICES ARE NOT REQUIRED, PLEASE ENDORSE "NOT APPLICABLE" AND RETURN IT TO THE ADDRESS BELOW

Ace:Daytons Direct (International) Pte Ltd and its contractor have been appointed to take care of the scanner. If you have a requirement that is not listed below, please contact Ace:Daytons Direct for a separate quotation.

Stand No.: Exhibitor: are

FORM

S1

manage health

Kindly complete the following table and return / fax this copy to the following contact:

Items Description	Rental / Duration / per_unit + Mandatory Deposit (S\$)			No of Units	Cost (S\$)
A) Portable Scanner + Batteries	Price Per Scanner Before <mark>6 August</mark> 2015: S\$380 + S\$500 deposit: S\$880				
*Additional subscription for iOS & Android eLead Mobile Apps is available upon request	Price Per Scanner After 6 August 2015 and Onsite: S\$380 + S\$190 (Late Surcharge) + S\$500 deposit: S\$1,070				
 * GST or Goods & Services Tax is chargeable at the current prevailing rate. Notes 1. Scanners are to be returned to the Exhibition Management Office in the evening for downloading of data & Summary report generator. 2. Exhibitors are advised to collect their scanner(s) and the data, collected the previous day, from the Exhibition Management Office between 0900 – 0930 hours. 		I) SUBTOTAL BEFORE GST		S\$	
		II) 7% GST* OR PREVAILING 1	TAX	S\$	
		(I) + (II) TOTAL AMOUNT AFTE	ER 7% GS ⁻	T S\$	
		III) PAYMENT BY CREDIT CAF	RD 6%	S\$	
		IV) PAYMENT BY CREDIT CAP		6% S\$	
		(I) + (II) + (III)	TOTAL	S\$	

Terms and Conditions:

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 Deposit: A deposit (amount stated above) must be placed for each scanner order. This deposit will be used to offset the cost of lost instruments. The balance of the deposit will be refunded, if the instrument is returned in good condition. Deposit will be executed within 1 month after the conference.

 Cancellation Fee – if a cancellation is received on/after 6 August 2015, a handling charge equal to 50% of the Rental Price will be imposed. Otherwise, the Exhibitor (the Hirer) will be liable for the full cost as indicated above (excluding deposit).

Late order if accepted after 6 August 2015 and on-site orders will be levied a 50% surcharge. For on-site orders, exhibitors will receive the equipment on the following day.
 Collection of Scanner – Scanner can be collected from Exhibition Management Office at 08:00 hours on 6 September 2015, provided payment

4. Collection of Scanner – Scanner can be collected from Exhibition Management Office at 08:00 hours on 6 September 2015, provided payment is made or evidence of payment can be shown, and they should be returned to the same office immediately after Exhibition Closes on 10 September 2015.

5. Exhibitors are responsible for the use of the scanner. Unit damaged or misused, exhibitor will be charged at full costs.

Payment Mode: Orders are valid only when accompanied by full payment.

Credit Card Payment – Please note that 6% Administrative Charge will be levied Payment by Credit Card: Orders are valid only when accompanied by full payment.

CREDIT CARD (Please select one)		American Express (AMEX)
Card Holder's Name (as on credit card): I		1
Credit Card Number (15 digits for AMEX, 16 digits for VISA/MASTER) : I		
For Amex credit card holders only, please fill in the four-digit security number printe	ed (non-embossed) on the right	pht-hand corner of the card I I I I
For VISA /MASTER credit card holders only, please fill in the three-digit security	number printed (non-embos	sed) on the signature panel on the reverse side of the card $1 _ 1 _ 1$
I hereby authorise Ace:Daytons Direct (International) Pte Ltd, to	o debit my credit card	with the grand total amount of: I SGD:I
Signature of Cardholder: (By signing this form, I accept the terms & conditions of pa		
Note: Should there be an error in the total amount made by the registrant, "A	ce:Daytons Direct (Inter	national) Pte Ltd" reserve the right to charge the correct amount.
Company Name :		
Signature :		
		Fax Return this copy to:
LEASE KEEP A COPY FOR YOUR REFERENCE.		(The Conference Registration Support) HIMSS AsiaPac15 Digital Healthcare week Fax : (65) 6475 2077

Contact Persons

Email

: Lee / Lowe

: ops@himssreg.org