



namibia dental association

www.namibiadent.com

Trader Registration Form 7-9 September 2017

SECTION A

PERSONAL INFORMATION

PLEASE PRINT IN BLOCK CAPITALS AND INDICATE THE APPROPRIATE BLOCKS WITH AN "X"

NAME OF COMPANY

SURNAME FIRST NAME

(OF TEAMLEADER) INITIALS TITLE

POSTAL ADDRESS

TELEPHONE CELLPHONE

EMAIL

ACCOMPANYING PERSON(S):

SURNAME INITIALS TITLE

SURNAME INITIALS TITLE

SURNAME INITIALS TITLE

SECTION B

-- PLEASE INDICATE THE PREFERRED SPONSORSHIP OPTION WITH AN "X"

PLATINUM SPONSORSHIP	<ul style="list-style-type: none"> EXHIBITION AREA OF 15M² BRANDING IN LECTURE AREA, OPEN AREAS AND AT FUNCTIONS FREE ADVERTISING IN NDA NEWSLETTER ALL MEALS AND ACTIVITIES FREE OF CHARGE FOR 4 PEOPLE MARKETING ITEMS INCLUDED IN REGISTRATION BAG 	N\$ 30,000	<input type="checkbox"/>
GOLD SPONSORSHIP	<ul style="list-style-type: none"> EXHIBITION AREA OF 9M² BRANDING IN LECTURE AREA ALL MEALS AND ACTIVITIES FREE OF CHARGE FOR 3 PEOPLE MARKETING ITEMS INCLUDED IN REGISTRATION BAG 	N\$ 20,000	<input type="checkbox"/>
SILVER SPONSORSHIP	<ul style="list-style-type: none"> EXHIBITION AREA OF 6M² BRANDING IN OPEN AREAS ALL MEALS AND ACTIVITIES FREE OF CHARGE FOR 2 PEOPLE MARKETING ITEMS INCLUDED IN REGISTRATION BAG 	N\$ 15,000	<input type="checkbox"/>

PLEASE SEND A COPY/SCAN OF THE COMPLETED FORM TO WEBSITE.NAMIBIADENT@GMAIL.COM

BANKING DETAILS:

NAMIBIAN DENTAL ASSOCIATION

BANK WINDHOEK

MAERUA MALL 483-872

ACC NR. 8000 664 742