



The organisers have negotiated special preferential rates for SLIDE exhibitors on the furniture packages pictured below, but these packages cannot be ordered on site.

Order online at www.jmtindisplay.co.uk or complete the order form below and post or fax it to: JMT Indisplay Ltd, Unit A, Ventura Park, Old Parkbury Lane, Colney Street, St. Albans, Herts AL2 2DB Tel: 01923 851580 Fax: **01923 854681**. Deadline for return: 3rd February 2012.

All goods are hired under the terms and conditions listed in our official price list, and detailed on www.jmtindisplay.co.uk. Orders are only accepted on the understanding that the customer agrees to abide by these terms and conditions.

For any other furniture requirements or carpet requirements please visit our website at www.jmtindisplay.co.uk or call us on 01923 851580.



PACKAGE A £119.00 + VAT Qty

4 x SC14 Marseilles chairs - beech seat and back, chrome frame
1 x NT14 750mm diameter table - maple top with chrome base

Total Package A _____



PACKAGE B £69.00 + VAT Qty

2 x SC15 Mito folding chairs - beech seat and back, chrome frame
1 x NT20 rectangular table - maple top with chrome base

Total Package B _____



Only available at offer price if ordered with one of these packages

Optional Cupboard £55.00 + VAT A or B

A) 1 x CB13 Lincoln low cupboard - black ash
or
B) 1 x CB14 Lancaster low cupboard - maple

Price of Optional Cupboard _____

Price of Package(s) _____

Total Price _____

VAT _____

Grand Total _____



PACKAGE C £128.00 + VAT Qty

4 x SC12 Le Mans chairs - black seat, beech back, chrome frame
1 x NT20 rectangular table - black ash top with chrome base

Total Package C _____



PACKAGE D £73.00 + VAT Qty

2 x SC13 Monterrey chairs - all chrome
1 x NT23 table - polished aluminium base, stainless steel top

Total Package D _____

Company Name _____

Stand No _____

Address _____

Postcode _____

Telephone _____ Fax _____

Authorised by (capitals please) _____

Job Title _____

VAT Number _____

Signature _____

Date _____

Payment Method (tick as appropriate)

Cheque Credit Card

For Credit Card payments please complete the following:

Card Type: Visa MasterCard Amex Maestro Delta

Card Number

Expiry Date ____ / ____ Issue No (Maestro only) _____

Card Holders Name (capitals please) _____

Signature _____

Address _____

Postcode _____