



ADNEC SERVICES LLC OFFICIAL CONTRACTING FORM SHELL SCHEME STAND FITTING ORDER FORM



Tel +971 (0) 2 406 3666

P.O. Box 5546 Abu Dhabi



Fill & Return

oc.wuf@adnec.ae



Best Price

when you pay 15 days before
the event date



Standard Price

when you pay within 14 days or
less from the event date



Deadline

Submissions close 15 days prior
to show, thereafter delivery
cannot be guaranteed and
standard price will apply.

EXHIBITOR DETAILS:

Exhibiting Company Name: _____

Date: _____ Hall No. _____ Stand No. _____

** It is the exhibitor's responsibility to inform ADNEC Services of any changes to the stand number / service location.*

ORDER CONTACT DETAILS:

Full Name: _____

Job Title: _____

Company Name: _____

Company Address: _____

City: _____

Postal Code: _____

Country: _____

Contact No. _____

Email Address: _____

On-site Contact Name: _____

On-site Contact No. _____

** It is important to review TERMS AND CONDITIONS attached on this order form before submitting your order.*

INVOICE BILLING DETAILS:

Tax Registration No: _____

Same As Above

Preferred Invoice Currency USD

AED

Full Name: _____

Job Title: _____

Company Name: _____

Company Address: _____

City: _____

Postal Code: _____

Country: _____

Contact No. _____

Email Address: _____

Code	Item	Description	Unit Price (AED)		Quantity (sqm)	Total
			Best Price	Standard Price		
D-19	Flat Shelf	Wooden Laminated MDF	88.00	105.00		
D-19B	Flat Shelf for wooden wall	Wooden painted	175.00	209.00		
D-20	Sloped Shelf	Wooden Laminated MDF	111.00	133.00		
D-21	Folding Door for Shell Scheme		297.00	355.00		
D-22	Octanorm Panel		215.00	258.00		
D-23	Grid Panel		580.00	696.00		
D-26	Grid Panel Hook (per piece)	short	23.00	27.00		
	Grid Panel Hook (per piece)	Long	44.00	52.00		
D-27	S-Hooks (per piece)	Short	22.00	27.00		
	S-Hooks (per piece)	Long	44.00	52.00		
D-28	Coat Hooks		23.00	27.00		
Grand Total (AED):						



D-19 FLAT SHELF



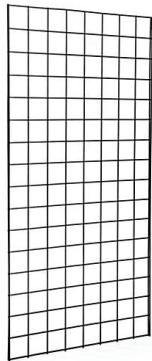
D-20 SLOPED SHELF



D-21 FOLDING DOOR



D-22 OCTANORM PANEL



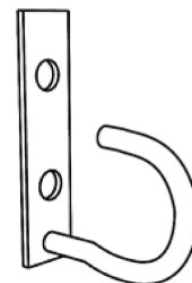
D-23 GRID PANEL

D-24 SLAT WALL PANEL



D-25 SLAT PANEL HOOK

D-26 GRID PANEL HOOK



D-27 S-HOOKS

D-28 COAT HOOKS



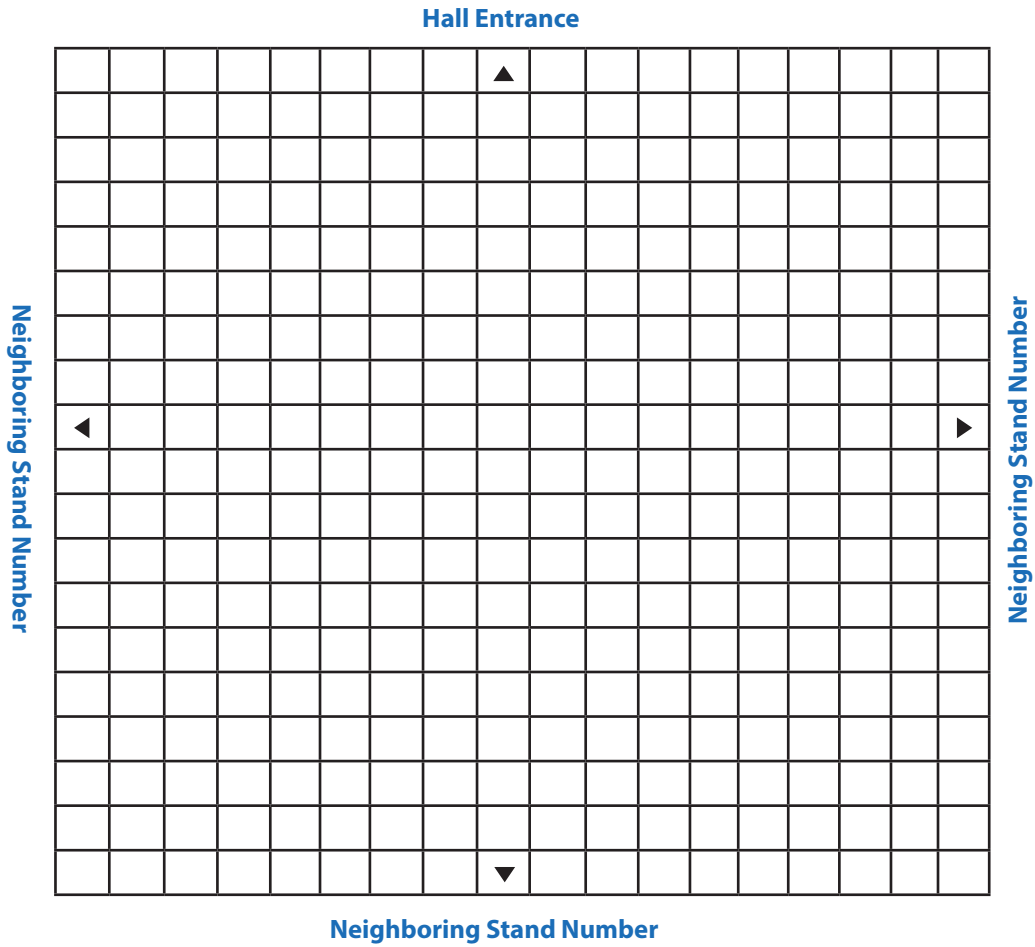
**ADNEC SERVICES LLC
OFFICIAL CONTRACTING FORM
SHELL SCHEME STAND FITTING
ORDER FORM**



***Any requirement not mentioned above please contact us and we will try all what we can do to accommodate your request**

Please complete the following grid plan to indicate the preferred location of your stand fitting order

Stand Orientation Grid



PLEASE SPECIFY THE FOLLOWING:

Position of the ordered utilities		
Stand on left side		
Stand on right side		
Stand at rear		



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TERMS & CONDITIONS

1. Prices are on rental basis for the duration of the event.
2. Invoice will be processed for all confirmed order within 3-5 working days.
3. All orders received after deadline date will be subject to availability of the item and standard price will apply.
4. All orders must be paid 15 days before the event; standard price will apply for any unpaid orders 14 days before the event.
4. Items will not be supplied unless payment is received.
5. Any damage or loss will be under the responsibility of the exhibitor.
6. **All prices, costs and charges are inclusive of 5% Value Added Tax.**

CANCELLATION POLICY

1. Cancellation of confirmed orders are not permitted.

ALL PAYMENTS MUST BE MADE PRIOR TO WORKS COMMENCING

Abu Dhabi National Exhibitions Company is (100%) Holding Company of ADNEC SERVICES LLC

Please complete and return the order form to the above email address. An invoice will be dispatched in return.
Orders will be Valid only with full remittance.

Name

Date

Signature



**ADNEC SERVICES LLC
OFFICIAL CONTRACTING FORM
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CREDIT CARD AUTHORIZATION FORM

To be returned by via e-mail to:

**ADNEC Services LLC
P.O.Box 5546, Abu Dhabi - UAE**

**Contact: Finance Department
Tel: + 971 02 4063653
Email: finance.as@adnec.ae**

I hereby give ADNEC SERVICES LLC my personal permission for the following credit card guarantee and pay for:

Name /Reference: _____

Amount to be Charged: _____

Type of Credit Card: Visa Card Master Card

My Credit Card No. is: _____

Issue Date: _____

Expiry Date: _____

Signature: _____ Date: _____

Name of Credit Card Holder as it Appears on the card: _____

Company name: _____

Full Address: _____

Tel/ Fax # : _____

Email Address: _____

Payment Details: _____

