



November 29 &30



ENT
ENDOSCOPY
NICE, France
Boscolo Plaza Hotel
2 0 1 8



TECHNICAL INFORMATION

EXHIBITION SITE

Boscolo Nice Plaza Hotel ****

12, Verdun Avenue - 06000 Nice, France

Tel: +33 (0) 493 167 571

www.boscoloplazanice.com

Parking "Plaza" (70 places - paying) 16 meters to the hotel

Parking "VINCI Park Massena" (325 places - paying) 200 meters to the hotel

OPENING HOURS

Set up

Wednesday November 28th from 4:00 pm to 6:00 pm

(We will welcome the participants on Thursday 29th at 7:45 am)

DELIVERY OF EQUIPMENTS OR DOCUMENTS

Equipment or documents have to be sent
Prior to the congress to the following address

Boscolo Nice Plaza Hotel ****

12, Verdun Avenue - 06000 Nice, France

To the attention of Catherine ROUSSET

"Séminaire ENT ENDOSCOPY 2018"

Name of the exhibition room

Your full contact details + phone number

Number of packs: 1/3, 2/3, 3/3...

in addition to your Company Name

ATout.Com Agency and Boscolo Nice Plaza Hotel

cannot be held responsible

for the loss or late delivery of packages



UPLIFT OF EQUIPMENTS OR DOCUMENTS

From 7:00pm, Friday 30th November

Deadline Monday December 3rd

you may remove your equipment.

We would greatly appreciate if you can supply return address labels and **notify your transport company**

FURNISHING

- A covered table and 2 chairs
- Breaks and lunches (according the program) per stand are included
(Number of persons according to your partnership agreement)
 - Badges
(Number of persons according to your partnership agreement)
- A free Wifi code will be available

CONTACT & ORGANISATION

ATouT.Com Agency

Elysabeth Nioré-Cortade - Karine Tissot

Phone: + 33 (0)4 42 54 42 60

Mobile: +33 6 62 50 80 16 from Wednesday 28th November to Friday 30th November

E-mail: entendoscopy2018@atoutcom.com



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EXHIBITOR FORM

Please return **before November 5th 2018**

ATout.Com Agency

Phone : + 33 (0) 42 54 42 60

Email: entendoscopy2018@atoutcom.com

YOUR COMPANY NAME (BLOCK CAPITALS):

Names of people to be present on your stand: (BLOCK CAPITALS)

Family name	First name	Please circle dates of presence	
1	29 th	30 th
2	29 th	30 th
3	29 th	30 th
4	29 th	30 th

**** Electrical Voltage Required**

List of equipments that requires electrical power:

.....
.....
.....

Person responsible for your Company during the ENT ENDOSCOPY 2018 Congress.

Name Mobile phone number.....

Function

Signature and date