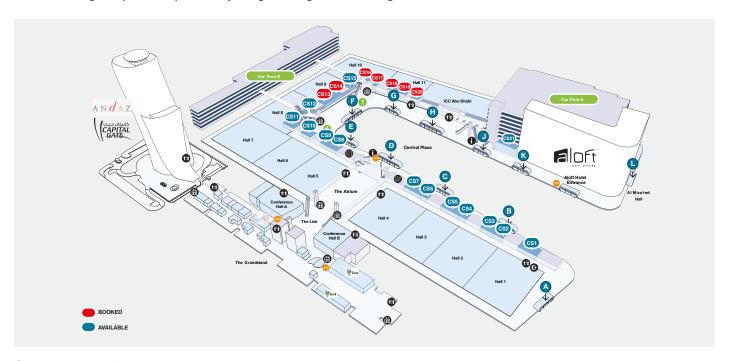




CAPITAL SUITES

ACCESS

Located on the mezzanine floor, the Capital Suites are easily accessible throughout the venue, as a short walk from car park B, or via the main escalators and elevators in front of entrance D. These meeting rooms come in a range of sizes, offering the perfect space for your gathering, whether large or small.



Services available:

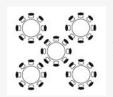
- Full Catering
- Purpose Built Servery with Hatch
- Data Network Points (Voice, Data, TV)
- · Lighting Control

- · Two glass walls with blinds
- Audio/Visual
- · Internet, telephony

Capital Suite Layout Options Style (select one or more):

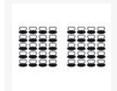
All suites come with some furniture based on the seating or set-up style you choose to take, as well as the size of the room. For more information or custom set-ups, please speak to one of our team.

BANQUET



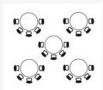
Furniture options will be based on headcount and seating set-ups. Contact the team to help select the right package for your requirements.

THEATRE



Up to one head table with two chairs, 50 chairs (with Basic A/V only, for a full day rental).

CABARET



Up to one head table with two chairs, four tables, 50 chairs (with Basic A/V only, for full day rental).

COCKTAIL

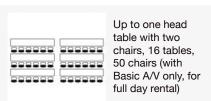


Furniture options will be based on headcount and seating set-ups. Contact the team to help select the right package for your requirements.

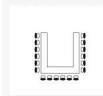




CLASSROOM

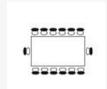


U-SHAPE



Tables forming a U-shape with 12 basic chairs.

BOARDROOM



Up to six tables forming a joined meeting table with 12 basic chairs.

CONFERENCE	AREA	HEIGHT (m)	ROOM CAPACITY BASED ON MEETING ROOM STYLE					RATES				
ROOM	(sqm)		BANQUET	COCKTAIL	THEATRE	CLASSROOM	BOARDROOM	U-SHAPE	CABARET	BUILD UP PER DAY	OPEN DAYS PER DAY	BUILT-IN A/V (see notes below)
Capital Suite 1	214	3.1	120	180	170	108	54	59	104	10,500	21,000	
Capital Suite 2	110	3.1	50	80	70	45	30	32	32	8,138	16,275	
Capital Suite 3	169	3.1	90	132	140	84	42	47	72	10,500	21,000	
Capital Suite 4	111	3.1	50	80	70	45	30	32	32	8,138	16,275	
Capital Suite 5	233	3.1	140	200	196	120	60	65	112	10,500	21,000	AV
Capital Suite 6	110	3.16	50	80	70	45	30	32	32	8,138	16,275	
Capital Suite 7	228	3.16	140	180	196	108	54	65	104	10,500	21,000	AV
Capital Suite 8	166	3.16	90	140	130	84	36	47	72	10,500	21,000	
Capital Suite 9	108	3.15	60	80	73	45	30	32	32	8,138	16,275	
Capital Suite 10	170	3.15	90	140	140	84	42	47	72	10,500	21,000	AV
Capital Suite 11	47	3.15	20	36	40	18	12	15	16	10,500	21,000	
Capital Suite 12	56	2.79	20	48	39	24	18	21	24	8,138	16,275	
Capital Suite 13	180	2.8	110	132	140	96	42	53	72	10,500	21,000	AV
Capital Suite 14	181	2.8	100	132	140	96	42	53	80	10,500	21,000	
Capital Suite 15	112	2.8	50	50	50	45	30	32	32	8,138	16,275	
Capital Suite 16	124	2.8	70	96	84	60	24	35	40	8,138	16,275	
Capital Suite 17	77	2.8	30	40	50	30	30	27	24	8,138	16,275	

Capital Suite 5, 7, 10, 13 includes the following A/V:

- √ 1x LCD Projector 5500 Ansi lumens (ceiling)
- √ 1x Projection screen 194cm x 305cm
- √ 1x Handheld microphone
- ✓ Speakers in the walls
- For any additional AV requirements, please use this form and email it to: dolcy@princeworldwide.com
- For any catering requirements, please email to: sales@capitalhospitality.ae
- For onsite branding, backdrops, signage or stage build requirements, please contact us on operations@reedexpo.ae

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Carla Fadel

International Sales Manager

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M: + 971 (50) 653 1940 | E: carla.fadel@rxglobal.com





CAPITAL SUITE BOOKING FORM							
EXHIBITOR DETAILS RETURN DETAILS							
Company Name:			Hall & Stand no.:		APPLICATION DEADLINE:		
Contact Name:			Job Title:	FIRS	FIRST COME, FIRST SERVE BASIS		
Company Address:			TRN Number:	Attn.	RX Middle East		
City:	Postal Code:		Country:	Tel:	+971 50 653 1940		
Direct No.:	Mobile no.:		Email Address:	Email:	carla.fadel@rxgobal.com		
Onsite Contact Name:		Onsite Contact Number (Mobile Number):		Event Sector:			

CS Layout Options (Select):

Roo	Room Style						
	Theatre	Boardroom / Meeting Room					
	Classroom	U-Shape					
	Cabaret / Round Table	Conference Style					
	Others (please mention details or insert the desired layout)						

Event Details						
Event Name (to be included on lollipop directional signage)						
Capital Suite No.(s)						
Date	From:		From:			
Time	From:		From:			
Type of Audience:						
No. of attendees						





CAPITAL SUITE BOOKING FORM

	PER DAY	PER DAY
Capital Suite Booking rate	**Build-Up Days	*Open Days

* Open days covers the open hours of the exhibition from 10:00 – 17:00 (Tuesday 16/04/2024 till Thursday 18/04/2024) **
"Build-up days" rate will be applied to bookings that require special build requirements, such as backdrops, projection screens, etc. and will require an additional day for contractors to access the capital suite, the rate depends on the Capital Suite booked as well as the work that needs to be carried on.

BOOKING DETAILS								
	DESCRIPTION	RATE	QTY	UNIT	TOTAL			
1								
2								
3								
4								
5								
				TOTAL				
				VAT 5%				
	GRAND TOTAL							

PAYMENT DETAILS

· Please complete this Form and submit to carla.fadel@rxgobal.com. An invoice will be dispatched in return.

Orders will be considered valid only once full payment has been received.

• Payment can be made by bank transfer, or company cheque.

PAYMENT METHOD:

BANK TRANSFER

Payment net of bank charges, should be made in favor of Reed Exhibitions to the following account.

Please allow 5 working days to ensure that the funds have cleared on time. Note that bank charges should be borne by the client.

Beneficiary name:	Reed Exhibitions FZ LLC CITI BANK N.A, Abu Dhabi, UAE		
Bank name & address:			
SWIFT Code:	CITIAEAD		
IBAN:	AE13021 1000 0001 0043 1025		

COMPANY CHEQUE

This mode of payment is only applicable to companies based in UAE. Please allow 5 working days to ensure that the funds have cleared on time, and as such postdated cheques are not accepted.

Please send a copy of the cheque or transmission slip for cheques deposited a day or on the day of the event. Cheque should be made payable to: Reed Exhibitions FZ LLC

Reed Exhibitions FZ LLC TRN (Tax Registration Number): 100233615200003





CAPITAL SUITE BOOKING FORM

TERMS AND CONDITIONS

- · Confirmed booking requires duly completed and signed rental form and 100% payment of the contracted amount.
- · Cancellation by the client for any reason after confirmation will be charged at 100% of the contracted amount.
- · Any sum paid towards the Capital Suite rental shall be retained by the organizer in the event of cancellation for any reason.
- · Please note that by signing this agreement you are entering into a legally binding contract.
- Any problems should be reported immediately to the Reed Exhibitions representative in charge of the Capital Suites, or by emailing <u>carla.fadel@rxgobal.com</u>.
- Service delivery will begin at least 24 hours before the start of the event, provided that the payment has been settled in full and there is no other event happening in the same booked Capital Suite.
- · Orders placed onsite once build-up has commenced are subject to availability, and service delivery is not guaranteed.
- Please read the below carefully regarding the AV rental:
 - The client accepts full responsibility for the AV equipment and associated cabling as provided and is therefore liable for any damage or loss caused due to client negligence. This does not apply to equipment deemed to have failed due to normal wear and tear or the failure of consumable components such as lamps, batteries etc.
 - The client accepts that under no circumstances will they interfere with, attempt to repair, or open any of the AV equipment in the event of a technical failure. All technical issues should be communicated to our AV technician immediately.
 - The client accepts that Reed Exhibitions shall have no liability to the customer for any consequential losses due to the failure of any AV equipment as supplied.

We hereby declare that we have read and accepted the above mentioned Capital Suite Booking Agreement of which a copy has been retained in our files. We hereby agree to abide by the terms and conditions stated to this order form.

Signature:			
Name:			
Job Title:			
Date:			
COMPANY S	FANAD]	
COMPANYS	IAMP		