

**Form A: Indemnity Form**

**(Return Deadline: 3 October 2008)**

Please complete and return this form to:  
**WCVD6 Congress Secretariat**  
Tel: (852) 2559 9973  
Fax: (852) 2547 9528  
Email: [exhibition@vetdermhongkong.com](mailto:exhibition@vetdermhongkong.com)

<b>Booth No:</b>	
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**INDEMNITY**

We hereby agree to indemnify the Organisers and the Congress Secretariat of The 6<sup>th</sup> World Congress of Veterinary Dermatology against claims arising from any damage caused to the space, walls, ceilings, furniture, fittings and furnishings caused by us (the Exhibiting Company/Organization), our agents or contractors in the exhibition venues during the move-in period, occupancy and move-out period.

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Company's Stamp and Signature of Official Representative

**Name of Official Representative** : \_\_\_\_\_  
(in Block Letter)

**Position of Official Representative** : \_\_\_\_\_

**Exhibiting Company / Organisation** : \_\_\_\_\_

**Date** : \_\_\_\_\_