**Ultrasound 2024**

# EXHIBITION STAND NAME BADGES

**Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stand No \_\_\_\_\_\_\_\_**

**Main Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact phone / email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name** | **Position in Company** |
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To be returned to tracey@bmus.org by **21st November** **2024**