



British
Orthopaedic
Association

BOA ANNUAL CONGRESS 2025
16th - 19th SEPTEMBER 2025
ACC LIVERPOOL

Index Use	
E.C.	
BOMPAC	
PAYMENT	

ELECTRICAL ORDER FORM

Stand No.

Deadline Date - Friday 15th August

* orders received after this date will be charged at STANDARD PRICE

Item	Early bird discount price	Standard price	Qty	Total
2 x 50w Low Voltage Spotlight & 1 x 500w Socket Outlet	£291.00	£349.00		
1 x 50w Low Voltage Spotlight	£76.00	£91.00		
3 x 50w Low Voltage Spotlight	£219.00	£263.00		
500w Socket Outlet-2amp	£199.00	£239.00		
1kw Socket Outlet-4amp	£276.00	£331.00		
2kw Socket Outlet-8amp	£449.00	£539.00		
3kw Socket Outlet-12amp	£598.00	£717.00		
Shell Scheme Testing Fee	£15.00	£15.00		
Space Only Testing Fee	POA	POA		

The new Electrical Testing charge is now required to meet the revised minimum testing requirements in line with BS7671 (2008). The **compulsory** order form testing charge of £15 is for order form items only.

All **direct mains** ordered will need to provide relevant information at the time of quotation, full details can be given upon request. If a **direct main Test & Inspect** is required then this will be by **quotation** also.

No goods will be supplied unless full payment is received

Company Name:
Address:
Postcode:
Telephone:
Contact Name:
EU VAT No:
Email:

*Testing	£15.00
Sub Total	
1.39% surcharge for business debit card payments	
2.18% surcharge for business credit card payments	
1.9% surcharge for AMEX payments	
Total	
Vat 20%	
Total	

Please supply a drawing to show position of fixings

For any items not listed a quotation may be obtained from Index Group

Any items requested on site will be supplied subject to availability and will incur a 20% surcharge on the STANDARD RATE prices

For your convenience orders can be placed at <http://ig.events/content/electrical-order-form>

Please return to:

INDEX GROUP LTD
1 Lomax Street, Radcliffe, Manchester, M26 1PX
Telephone: 0800 085 9885
E-mail: electrics@indexgroup.org



Event &
Exhibition
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Payment & Credit Card Charge Authorisation

Exhibition Name: _____

Stand Number: _____

Company Name: _____

Address: _____

Country: _____

Postcode: _____

Telephone: _____

Contact Name: _____

EU VAT Number (if applicable): _____

Email: _____

PO Number: _____

PAYMENT POLICY

Payment for services —
Index Group Ltd requires full payment prior to the build up of the show.

Method of payment— Index Group Ltd accepts all major credit / debit cards and bank transfers. Purchase orders are not considered payment.

We require your payment authorisation to be completed and returned even if you are paying by bank transfer. You do not need to complete your card details unless you wish to pay by this method and are ordering electrics. Please tick the box below to indicate your preferred method of payment.

Bank Transfer
Debit Card (surcharge)
Credit Card (surcharge)
American Express (surcharge)
Card payment link to be sent
(not available for electrical order payments)

Bank Transfer Payment Information:

Bank details will be provided on your invoice for BACS payments. Please include your invoice number in your payment reference.

Payment link for card payments

If you would like a payment link to be sent please confirm in the details above the email address this should be sent to.

Cancellations/Refunds— Please note that refunds will not be made on cancellation of any non stock items. Any item ordered prior to and transported to the event is not eligible for a refund.

I agree in placing this order that I have accepted the Terms & Conditions of the Index Group Ltd:

Signed: _____

Print Name: _____

Date: ___/___/_____

CREDIT CARD CHARGE AUTHORISATION

To be completed for Electrical orders only

A payment link for card payments will be sent for all other Index Group services

All information must be provided. Your order will not be processed if any information is missing.

Please note that there is a surcharge for Credit and American Express card transactions.

Please ensure this form is returned with all orders.

Debit Card (surcharge)
Credit Card (surcharge)
American Express (surcharge)

Card Number: _____

Expiry Date: ___/___

Security Code (Last 3 digits on signature strip) _____

Start Date (if shown): ___/___

Issue Number (if shown): _____

Cardholders Name: _____

Cardholders billing address (If different to above):

Post Code: _____

Cardholders Signature: _____

Date: ___/___/_____

Please note this form will be destroyed once payment has been processed/received.

If you have any questions relating to any of the information on this form please contact us on: 0800 085 9885

Please return this form and completed order form to corresponding email/postal address which can be found on the bottom of the relevant order form.



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