

APPLICATION FORM

BILLING ADDRESS

Name of company as on floorplan:

Name of contact:

Position:

Name of company for billing:

Billing address:

Postcode: City:

Country: VAT or Tax Number:

Phone (incl. country code):

Email:

SPONSORSHIP PACKAGES

- ☐ GENERAL SPONSOR
- ☐ PLATINUM SPONSOR
- ☐ GOLD SPONSOR
- ☐ SILVER SPONSOR
- ☐ BRONZE SPONSOR
- ☐ SPONSOR
- ☐ LUNCH SPONSOR

CUSTOMIZED ARRANGEMENTS

- ☐ LUNCH SYMPOSIUM
- ☐ COFFEE BREAK
- ☐ ABSTRACT BOOK SPONSOR
- ☐ SHORT PROGRAM SCHEDULE
- ☐ LANYARDS/ID CARDS **SOLD OUT**
- ☐ ID CARDS **SOLD OUT**
- ☐ BRANDED CONGRESS BAGS
- ☐ CONGRESS BAG INSERT
- ☐ NETWORKING DINNER

Errors and omissions excepted. All items are subject to availability.

Date: Signature and stamp of applicant:

Name printed:

NOTE: Enclosed to the Application form please provide us with Company logotype. It has to be a PDF vector file.