



APPLICATION FORM

BILLING ADDRESS

Name of company as on floorplan: _____

Name of contact: _____

Position: _____

Name of company for billing: _____

Billing address: _____

Phone (incl. country code): _____

Postcode: _____ City: _____

Country: _____ VAT or Tax Number: _____

SPONSORSHIP PACKAGES

- GENERAL SPONSOR
- PLATINUM SPONSOR
- GOLD SPONSOR
- SILVER SPONSOR
- BRONZE SPONSOR
- SPONSOR

CUSTOMIZED ARRANGEMENTS

- ABSTRACT BOOK SPONSOR
- SHORT PROGRAM SCHEDULE
- LANYARDS
- ID CARDS
- BRANDED CONGRESS BAGS
- CONGRESS BAG INSERT
- NETWORKING DINNER

Email: _____

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.