



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):

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.