Exhibition and Sponsorship Application Form

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| **Company Name (in full):** |  |
|  |  |
| **Contact person:** |  |
| **Title:** |  |
| **Address:** |  |
|  |  |
| **Postal Code & City:** |  |
| **Country:** |  |
| **Telephone (with area code):** |  |
| **Facsimile (with area code):** |  |
| **E-mail:** |  |
| **Web site:** |  |

# Space Selection (*check one*)

No. of square metres open space: \_\_\_\_\_\_\_\_\_\_\_\_\_ m2 (minimum 6 m2). Two free registrations for company representatives for every 6 m2.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Stand Type*** | ***Price per m2 (€)*** |  | ***Number of m2*** |  | ***Total (€)*** |
|  |  |  |  |  |  |
| □ In-line | € 500 | × |  | = |  |
|  |  |  |  |  |  |
| □ Island | € 580 | × |  | = |  |

Sponsorship Opportunities and Their Cost

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| **Advertising in Congress Materials** | | **Other Sponsorship Opportunities** | |
| **Final Program** |  | **Travel grants** | 🞏 €5,000 |
| Inside front or back cover | 🞏 €2,000 | **Satellite symposium** (up to 2 hours) | 🞏 €8,000 |
| Outside back cover | 🞏 €3,000 | **Congress bag** | 🞏 €3,000 |
| Inside the Program | 🞏 €1,500 | **Bag inserts**  No more than 4 pages including cover | 🞏 €2,500 |
| **Abstract Book** |  | **Conference stationary (notepad & pens)** | 🞏 €2,000 |
| Inside front or back cover | 🞏 €2,000 | **Lanyard for Badges** | 🞏 €1,000 |
| Outside back cover | 🞏 €3,000 | **Coffee Breaks** (per break) | 🞏 €2,000 |
| Inside the Abstract Book | 🞏 €1,500 | **Gala Dinner** | 🞏 €2,000 |
| **Abstracts on CD-ROM** | 🞏 €2,000 |  |  |
| **TOTAL:** | | |  |

Payment

All payments must be made in Euro (€) only. If sending payment by wire transfer, please send your application by fax along with a copy of the bank transaction to the Congress Secretariat.

January 15, 2018, applications must include a minimum 50% deposit (with the remainder due by March 1, 2018). Applications received after March 1, 2018 require full payment.

All prices are subject to a 20% VAT.

Please indicate which of the following ways of payment you have used.

|  |
| --- |
| 🞏 Bank transfer: ***Intermediary Bank:* COMMERZBANK AG,** Frankfurt-am-Main, Germany**, *Swift:* COBADEFF** ***Beneficiary Bank:* AO "ALFA-BANK",** 27 Kalanchevskaya Street, Moscow 107078, Russia**, *Swift:* ALFARUMM  *Beneficiary:* INSTITUTE OF IMMUNOPHYSIOLOGY  *Account:* 40703978802300000022** Please add € 30.00 as processing fee to Grand Total. |

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| 🞏 Visa 🞏 Eurocard / Mastercard  Charge my Credit Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. date \_\_\_\_\_/\_\_\_\_\_  Card Holder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card type: CVV2 No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***or*** CVC2 No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see your card reverse side)  Total amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**A 5% administrative fee and a 3% charge fee will apply for all credit card payments.**

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| Having signed below, I herewith confirm that I have read and am fully aware of the cancellation conditions.  I hereby authorize the Congress Secretariat (Institute of Immunophysiology, Congress Hotels)  to debit this credit card account for the total amount due.  I also consent to Congress Secretariat (Institute of Immunophysiology, Congress Hotels)debiting or crediting my credit card account  of any subsequent change(s) to the items booked. |

Cancellation policy

If an exhibitor wishes to cancel or reduce exhibit space, written notification must be sent to the Congress Secretariat. For cancellation received before March 1, 2018, no refund is issued for the deposit. No refunds will be given for cancellations received after March 1, 2018.

Agreement

We agree to observe the regulations of the exhibition as set in the Exhibitior’s Application Form for the XI World Asthma, Allergy & COPD Forum. Acceptance of this application by the organizer converts this into a contract for exhibit space.

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| --- | --- | --- | --- |
|  |  |  |  |
| *Authorized Signature* |  | *Date* |  |
|  |  |  |  |
| *Print Name* |  |  |  |
|  |  |  |  |
| *Print Title* |  |  |  |

Mail and fax your application to:

|  |  |
| --- | --- |
| 🖂 | **World Immunopathology Organization** 4, Ostrovityanova Street, 117513 Moscow, RUSSIA |
| 🕿 | (7-495) 735-1414 |
| Fax | (7-495) 735-1441 |
| E-mail | [info@wipocis.org](mailto:acicis@ibch.ru) |
| Web site | www.wipocis.org |