

X WORLD ASTHMA, ALLERGY & COPD FORUM

New York, USA

April 28 - May 1, 2017

Exhibition and Sponsorship Application Form

Company Name (in full):					
Contact person:					
Title:					
Address:					
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Postal Code & City:					
Country:					
Telephone (with area code):					
Facsimile (with area code):					
E-mail:					
Web site:					
Space Selection (chec	ck one)				
No. of square metres open space:	•	minimum 6 m²). Two free regi	strations for compar	ıy	
representatives for every 6 m ² .					
a	2 (0)				
Stand Type Price	per m² (€)	Number of m ²	Total (€)		
□ In-line	€ 500 ×	=			
□ Island	- € 580 ×] =			
Spons	orship Oppor	tunities and Their	Cost		
Advertising in Congress Materials		Other Sponsorship Opportunities			
Final Program		Travel grants		□ €5,000	
Inside front or back cover	□ €2,000	Satellite symposium (up t	o 2 hours)	□ €8,000	
Outside back cover	□ €3,000	Congress bag		□ €3,000	
Inside the Program	□ €1,500	Bag inserts		□ €2,500	
		No more than 4 pages	including cover		
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				
	-0	U-	TOTAL:		



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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, 2017, applications must include a minimum 50% deposit (with the remainder due by March 1, 2017). Applications received after March 1, 2017 require full payment.

All prices are subject to a 20% VAT.

	Please ind	icate which of the following w	ays of payment	you have used.				
☐ Bank transfer:	Beneficiary Bank Beneficiary: INST Account: 407039	nk: COMMERZBANK AG, Fran : AO "ALFA-BANK", 27 Kalanc ITUTE OF IMMUNOPHYSIOLO 78802300000022 IO as processing fee to Grand	hevskaya Street, I GY			И		
□ Visa [☐ Eurocard / Maste	rcard						
		Exp. date/						
					Valid through:			
Card type: CVV	2 No	<i>or</i> CVC	2 No		(see your card reverse side			
Total amount _								
Date		Signa	iture					
	A 5% adminis	trative fee and a 3% charge fee w	ill apply for all cre	edit card payments.				
Cancellation	policy nes to cancel or received before M	by authorize the Congress Secretariat (to debit this credit card acc s Secretariat (Institute of Immunophys of any subsequent char educe exhibit space, writter arch 1, 2017, no refund is 1, 2017.	ount for the total an ology, Congress Hote age(s) to the items bo	ount due. els)debiting or crediting my boked. nust be sent to the	credit card account Congress Secretaria			
		of the exhibition as set in the or						
		Authorized Signature		Date				
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		Print Name				-		
		Print Title						
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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

Web site www.wipocis.org