XII WORLD CONGRESS ON ASTHMA, COPD AND IMMUNOPATHOLOGY

Moscow, Russia *October 18–21, 2018*

Exhibition and Sponsorship Application Form

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: _____ m^2 (minimum 6 m^2). Two free registrations for company representatives for every 6 m^2.

Stand Type	*Price per m^2 (€)*		*Number of m^2*		*Total (€)*
□ In-line	€ 500	×		=	
□ Island	€ 580	×		=	

Sponsorship Opportunities

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	**Logo on the Congress bags**	☐ €3,900
Inside the Program	☐ €1,500	**Logo at the Website**	☐ €900
Logo in the Final Program		**Bag inserts** (up to 4 pages)	☐ €2,500
Inside front or back cover	☐ €2,000	**Conference stationary (notepad & pens)**	☐ €2,000
Outside back cover	☐ €3,000	**Lanyard for Badges**	☐ €1,000
Inside the Program	☐ €1,500	**Coffee Breaks** (per break)	☐ €2,000
Abstract Book		**Gala Dinner**	☐ €2,000
Inside front or back cover	☐ €2,000		
Outside back cover	☐ €3,000		
Inside the Abstract Book	☐ €1,500	**Abstracts on CD-ROM**	☐ €2,000
		TOTAL:	

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Payment

All payments must be made in Euro (€) only. Pease send a SWIFT copy of your payment at info@wipocis.org .
Applications received after May 15, 2018 require full payment.
All prices are subject to a 18% 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.

☐ 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.

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. No refunds will be given for cancellations received after June 15, 2018.

Agreement

We agree to observe the regulations of the exhibition as set in the Exhibitior's Application Form for the XII World Congress on Asthma, COPD & Immunopathology. Acceptance of this application by the organizer converts this into a contract for exhibit space.

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

Web site www.wipocis.org