



VI EUROPEAN CONGRESS ON ASTHMA, COPD AND RESPIRATORY ALLERGY

Tbilisi, Georgia

June 15–19, 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: _____ m² (minimum 6 m²). Two free registrations for company representatives for every 6 m².

Stand Type	Price per m ² (€)	Number of m ²	Total (€)
<input type="checkbox"/> In-line	€ 500	× <input type="text"/>	= <input type="text"/>
<input type="checkbox"/> Island	€ 580	× <input type="text"/>	= <input type="text"/>

Sponsorship Opportunities

Advertising in Congress Materials		Other Sponsorship Opportunities	
Final Program		Travel grants	<input type="checkbox"/> €5,000
Inside front or back cover	<input type="checkbox"/> €2,000	Satellite symposium (up to 2 hours)	<input type="checkbox"/> €8,000
Outside back cover	<input type="checkbox"/> €3,000	Logo on the Congress bags	<input type="checkbox"/> €3,900
Inside the Program	<input type="checkbox"/> €1,500	Logo at the Website	<input type="checkbox"/> €900
Logo in the Final Program		Bag inserts (up to 4 pages)	<input type="checkbox"/> €2,500
Inside front or back cover	<input type="checkbox"/> €2,000	Conference stationary (notepad & pens)	<input type="checkbox"/> €2,000
Outside back cover	<input type="checkbox"/> €3,000	Lanyard for Badges	<input type="checkbox"/> €1,000
Inside the Program	<input type="checkbox"/> €1,500	Coffee Breaks (per break)	<input type="checkbox"/> €2,000
Abstract Book		Gala Dinner	<input type="checkbox"/> €2,000
Inside front or back cover	<input type="checkbox"/> €2,000		
Outside back cover	<input type="checkbox"/> €3,000		
Inside the Abstract Book	<input type="checkbox"/> €1,500	Abstracts on CD-ROM	<input type="checkbox"/> €2,000
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.
After 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.

☐ 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.
For cancellation received before May 1, 2018, no refund is issued for the deposit. No refunds will be given for cancellations received after May 1, 2018.

Agreement

We agree to observe the regulations of the exhibition as set in the Exhibitor's Application Form for the VI European Congress on Asthma, COPD and Respiratory Allergy. 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