

SPONSORSHIP ORDER FORM

Please read the participation terms & conditions before completing this form and return to the ICALEPCS2017 Technical Secretariat: Fax + 34 932 210 211 – Email: icalepcs2017@mondial-congress.com

Company Information

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Company Name (for invoice):	
Company Name *:	
Address:	
	Country:
VAT Reg. No:	Contact Person: Title:Mr. / Ms.:
Family Name:	First Name:
Telephone:	Fax:
E-Mail **:	Mobile:

^{**}Compulsory field as all correspondence will be sent by email!

Sponsorship Items		Unit Price* in EURO (EUR)
Sponsorship Levels		
Platinum level		14.500,00
Gold level		10.500,00
Silver level		8.000,00
Bronze level		6.000,00
Contribute to Educat	ion	
Satellite symposia		2.500,00
Poster area		2.000,00
Interactive presentations area		2.500,00
Conference Materials		
Conference bags		4.000,00
Conference pens & pads		1.500,00
Lanyards with company logo		1.500,00
Abstracts USB Stick		6.000,00
Marketing & Promoti	on – Visible Items	
Conference bag inserts (per insert)		500,00
Conference App		5.000,00
Preview center		6.000,00
WIFI		8.000,00
Signage		4.000,00
Final program	Inside front cover color	1.300,00
	Full page color	1.000,00
	Half page color	500,00
	Inside back cover color	1.200,00
	Back cover color	1.800,00
Conference email to registered delegates (per sending)		1.000,00
Tour to the Alba Synchrotron		1.000,00

^{*} Mentioned on web and in final program



Sponsorship Items		Unit Price* in EURO (EUR)	
Catering Services & So	cial Events		
Welcome reception	Shared		2.000,00
	Exclusive		3.500,00
Coffee break	Morning or afternoon coffee break		1.500,00
	Coffee break package		2.500,00
Conference Dinner	Shared		5.000,00
	Exclusive		8.000,00
		Subtotal	
		VAT 21%	

^{*} All prices are net. Local tax will be added if applicable.

Payment Conditions:

All payments must be made in EURO (EUR). To guarantee the reservation, a down payment of 50% will be invoiced upon receipt of the exhibition order from and is due for payment upon receipt of the invoice. The final balance is due by June 10, 2017. For bookings made after June 10, 2017, the full amount is due at the time of application.

Total

In the name of and on behalf of the company, I consent and undertake to comply with the general rules and obligations as an exhibitor form the moment I sign this contract, we pay the 50% of the total cost through bank transfer to: Mondial & Cititravel Congresos. Caixa Bank, **IBAN: ES80 2100 9445 9322 0026 9388, SWIFT CAIXESBBXXX** and the difference will be paid before June 10, 2017

Place and date of signature	Company signature and stamp