

EXHIBITOR'S FORM

Registration number (Technical Secretariat)	
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Company or institution _____

Address: _____

City: _____ Postal Code: _____ Tax ID number:

Province: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____

IMPORTANT

The reservation will not be made effective until payment of 50% of the total amount for the stand is received; the date of payment will establish the order of assignment. Payment is to be made via bank transfer to the Institution and account that appears on the invoice issued.

Please send to the Technical Secretariat, attaching a photocopy of payment.

Signature:

Date:

SPONSOR'S FORM

Registration number (Technical Secretariat)	
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Company or institution _____

Address: _____

City: _____ Postal Code: _____ Tax ID number: _____

Province: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____

Scientific Activities

- Conference
- Round Table

Conference Material

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Flash drive containing a summary of the Conference/Abstracts Book <input type="checkbox"/> Conference briefcases <input type="checkbox"/> Dispatch cases / Folders <input type="checkbox"/> Gift to attendees or speakers <input type="checkbox"/> Audio-visuals | <ul style="list-style-type: none"> <input type="checkbox"/> Lettering and signage at the venue <input type="checkbox"/> Ribbons and sleeves for credentials <input type="checkbox"/> ID credentials <input type="checkbox"/> Others (to be assessed by the Organizing Committee) |
|---|--|

Social events

- Coffee breaks
- Working lunch
- Closing dinner
- Farewell cocktail

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Signature: _____

Date: _____