

**Order Form**

Fill in and send to the Organizing Secretariat **MCM srl** by fax **+39 081 664372** or by e-mail: [derosa@mcmcongressi.it](mailto:derosa@mcmcongressi.it)

COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Ph \_\_\_\_\_/FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

**INVOICE DATA**

COMPANY NAME / \_\_\_\_\_

LEGAL ADDRESS \_\_\_\_\_ N° \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

Post code \_\_\_\_\_/Tax or VAT Nr.(if applicable) \_\_\_\_\_

NOTE \_\_\_\_\_

(invoices will be sent in PDF format by e-mail only)

e-mail for invoice sending \_\_\_\_\_

**EXHIBITION PACKAGES**

- |                                                             |                     |               |
|-------------------------------------------------------------|---------------------|---------------|
| <input type="checkbox"/> Platinum Sponsor (Euro 30.000,00 ) | Booth number _____/ | Euro _____/00 |
| <input type="checkbox"/> Gold Sponsor (Euro 15.000,00 )     | Booth number _____/ | Euro _____/00 |
| <input type="checkbox"/> Silver Sponsor (Euro 7.500,00)     | Booth number _____/ | Euro _____/00 |
| <input type="checkbox"/> Exhibitor (Euro 3.500,00)          | Booth number _____/ | Euro _____/00 |

**ADDITIONAL SPONSORSHIP**

- |                                                                                                                                                 |                           |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|
| <input type="checkbox"/> Acknowledgement as supporter of the conference with Company logo<br>in all the official communication (Euro 10.000,00) |                           | Euro _____/00 |
| <input type="checkbox"/> Satellite Symposium 45 min (Euro 10.000,00)                                                                            | selected date _____/09/20 | Euro _____/00 |
| <input type="checkbox"/> Workshop 30 min (Euro 5.000,00)                                                                                        | selected date _____/09/20 | Euro _____/00 |
| <input type="checkbox"/> Company logo or Company name "with support of"<br>in the faculty lounge (Euro 2.500,00)                                |                           | Euro _____/00 |
| <input type="checkbox"/> Company logo or Company name "with support of" in the coffee lounge (Euro 2.500,00)                                    |                           | Euro _____/00 |
| <input type="checkbox"/> Additional link to upload brochures in the booth (Euro 200,00)                                                         | Q.ty N° _____             | Euro _____/00 |
| <input type="checkbox"/> Additional link to upload videos in the booth (Euro 300,00)                                                            | Q.ty N° _____             | Euro _____/00 |

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stamp \_\_\_\_\_ Signature \_\_\_\_\_

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**ADDITIONAL SPONSORSHIP**

- 50 educational grant full registration with CME Credits (Euro 1.500,00) Euro \_\_\_\_\_/00
- 5 additional exhibitor passes with 1:1 meeting room (Euro 300,00) Euro \_\_\_\_\_/00

**Exhibition packages and additional sponsorship Dead Line:**

Exhibition packages, for technical reasons and rendering, must be confirmed **until July 25<sup>th</sup> 2020**, after **July 25<sup>th</sup> 2020** availability may not be guarantee. Any additional sponsorship, **after July 25<sup>th</sup> 2020**, if available, for technical reasons will be surcharged of 25%.

Confirmed sponsorship for a total amount of Euro \_\_\_\_\_/00

Please remark the total in letters: \_\_\_\_\_

date \_\_\_/\_\_\_/\_\_\_/ Stamp \_\_\_\_\_ Signature \_\_\_\_\_

**TERMS AND CONDITIONS**

- a) **Total sponsorship** amount must be paid 50% upon confirmation and 50% not later than September 1<sup>st</sup> 2020
- b) Payment must be executed by bank transfer made out to “**MCM SRL**”, Via Rione Sirignano 5 – 80121 Napoli (Italy) **Account n°:** 000063346465 - **IBAN Code:** IT74G0623003535000063346465 – **SWIFT Code:** CRPPIT2P586, at “Cariparma - Credit Agricole” Via Chiaia 109/110, 80121 Naples (Italy)
- c) **MCM Srl** will release invoice for the total amount upon confirmation of the sponsorship as indicated in the relevant section “invoice data” of this form.
- d) **The first deposit** of 50% upon confirmation is non refundable
- e) **MCM Srl** is not responsible **for any cause or reasons not depending from MCM srl or “force major”** that retard in timing or interrupt the meeting or do not allow participants to attend the meeting from different world areas.
- f) **The sponsor** is the solely responsible **of any licence or permission** if needed for all the material showed in his booth.
- g) **MCM srl reserve the rights to ban any contents of the booth not in rules with the scope of the conference and/or the Etic policy of the IFSO federation.**
- h) **MCM srl reserve the right to ban any** participants in the conference **in case of any** behavior non compliant with the scope of the conference and/or the Etic policy of the IFSO Federation
- i) **Exhibition space** will be assigned on a “*first come first served basis*” .
- j) **MCM srl** reserve the right to relocate or reassign booths at any time for the overall benefit of the meeting.
- k) **All** the images contained in the “exhibitor prospectus” are indicative only **and may change** in dimension and colours
- l) **Manual** of the technical use of the virtual booth will be furnished after the confirmation

Date \_\_\_/\_\_\_/\_\_\_/ Stamp \_\_\_\_\_ Signature \_\_\_\_\_

## IFSO Virtual World Congress 2020 Sponsorship Order Form Exhibition area



**Note:** Layout is indicative, and final rendering will maintain proportions, allowing each logo and booth enough visibility, proportionately to selected sponsorship tier.