





INDUSTRY OPPORTUNITIES BOOKING FORM

Booking Reference (EACTS use only)

Please return signed and scanned copy via email to industry@eacts.co.uk

Confact Details of Sponsoring Organisation		Invoice Defails (Flease Complete ALL Fleids)		
Main Contact Name:		Company name as it should appear	Company name as it should appear on invoice:	
Company:		Address:		
Address:				
		City:	Code:	
City:	Code:	Country:		
Country:		Person to contact regarding payment:		
Telephone:	Fax:	Order Number must be provided:	Telephone:	
Main Contact Email:		Email:	Fax:	
		*VAT/Tax Number:	N/A:	
		*(This field must be completed, if not app	olicable please tick the N/A box above)	
ltem			Fee	
Techno-College Spons	sorship (Wednesday 5 October)			
Gold Package (€40,000)	Silver Package (€30,000)	Bronze Package (€20,000)	€	
			Total Fees €	
	onsorship (Thursday 6 - Saturday 8	October)		
Session Fees (€15,000)				
Session Type:		Date / Time:	€	
Session Type:		Date / Time:	€	
Session Type:		Date / Time:	€	
Comments:			Total Fees €	

Satellite Symposia (Thursday 6 Oct	ober [12:45-14:00 & 18:00-19:15] & Friday 7 Octo	per [12:45-14:00])
Band A: €20,000 per slot · Band B: €25,0	000 per slot · Media Library Fee: €2 ,500 per satellite slot	
Title:	Date / Time:	€
Title:	Date / Time:	€
Title:	Date / Time:	€
Media Library Fee:		€
Comments:		Total Fees €
Advertising, Branding		
Item 1:		€
Item 2:		€
Item 3:		€
Item 4:		€
Item 5:		€
Item 6:		€
		Total Fees €
	Half Day Hire* (€900), Full Day Hire* (€2,000), Full Day with 24 Half Day Hire* (€3,500), Full Day Hire* (€7,500), Full Day with Date / Time:	
Title/Description/Purpose of Event:	Date / Time:	€
*Half day (0800 - 1200 or 1430 - 1830); Full day (080		Total Fees €
Secretariat. Confirmation of space will be made one An invoice for the full amount of the room hire will	•	vill then be issued.
	ave read and agree to the cancellation terms and conditions on t	
Payments must be made in Euros by bank transfer Please quote the booking reference and invoice nur	within 7 days of the date of the invoice otherwise the booking wi mber when making the payment.	ιι νε released.
Agreement The undersigned is authorised to enter into agreem	ents on behalf of the sponsoring organisation in respect of the a	bove booking.
Name:	Signature:	Please complete and return this form
Date:	Position:	to the EACTS Executive Secretariat by email to: industry@eacts.co.uk

Position:

