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.

<table>
<thead>
<tr>
<th>Stand Type</th>
<th>Price per m² (€)</th>
<th>Number of m²</th>
<th>Total (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ In-line</td>
<td>€ 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Island</td>
<td>€ 580</td>
<td></td>
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</tbody>
</table>

Sponsorship Opportunities

<table>
<thead>
<tr>
<th>Advertising in Congress Materials</th>
<th>Travel grants</th>
<th>Other Sponsorship Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Program</td>
<td></td>
<td>Satellite symposium (up to 2 hours)</td>
</tr>
<tr>
<td>Inside front or back cover</td>
<td>€2,000</td>
<td>□ €5,000</td>
</tr>
<tr>
<td>Outside back cover</td>
<td>€3,000</td>
<td>□ Satellite symposium (up to 2 hours)</td>
</tr>
<tr>
<td>Inside the Program</td>
<td>€1,500</td>
<td>□ Log on the Congress bags</td>
</tr>
<tr>
<td>Logo in the Final Program</td>
<td></td>
<td>□ Log on the Congress bags</td>
</tr>
<tr>
<td>Inside front or back cover</td>
<td>€2,000</td>
<td>□ Conference stationary (notepad &amp; pens)</td>
</tr>
<tr>
<td>Outside back cover</td>
<td>€3,000</td>
<td>□ Conference stationary (notepad &amp; pens)</td>
</tr>
<tr>
<td>Inside the Program</td>
<td>€1,500</td>
<td>□ Lanyard for Badges</td>
</tr>
<tr>
<td>Abstract Book</td>
<td></td>
<td>□ Lanyard for Badges</td>
</tr>
<tr>
<td>Inside front or back cover</td>
<td>€2,000</td>
<td>□ Gala Dinner</td>
</tr>
<tr>
<td>Outside back cover</td>
<td>€3,000</td>
<td>□ Gala Dinner</td>
</tr>
<tr>
<td>Inside the Abstract Book</td>
<td>€1,500</td>
<td>□ Abstracts on CD-ROM</td>
</tr>
</tbody>
</table>

TOTAL:
Payment
All payments must be made in Euro (€) only. Please send a SWIFT copy of your payment at info@wipocis.org. Applications received after November 1, 2017 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. No refunds will be given for cancellations received after December 15, 2017.

Agreement
We agree to observe the regulations of the exhibition as set in the Exhibitor’s Application Form for the XII World Congress on COPD, Asthma & 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, Ostrovityanov Street, 117513 Moscow, RUSSIA
☎ (7-495) 735-1414
Fax (7-495) 735-1441
E-mail info@wipocis.org
Web site www.wipocis.org