



# XIII World Congress on Asthma, COPD & Respiratory Allergy

Singapore  
February 2-5, 2019

## 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: \_\_\_\_\_ m<sup>2</sup> (minimum 6 m<sup>2</sup>). Two free registrations for company representatives for every 6 m<sup>2</sup>.

Stand Type	Price per m <sup>2</sup> (€)	Number of m <sup>2</sup>	Total (€)
<input type="checkbox"/> In-line	€ 500	x <input type="text"/>	= <input type="text"/>
<input type="checkbox"/> Island	€ 580	x <input type="text"/>	= <input type="text"/>

## Sponsorship Opportunities

Advertising in Congress Materials		Other Sponsorship Opportunities	
Final Program		Travel grants	<input type="checkbox"/> €5,000
Inside front or back cover	<input type="checkbox"/> €2,000	Satellite symposium (up to 2 hours)	<input type="checkbox"/> €8,000
Outside back cover	<input type="checkbox"/> €3,000	Logo on the Congress bags	<input type="checkbox"/> €3,900
Inside the Program	<input type="checkbox"/> €1,500	Logo at the Website	<input type="checkbox"/> €900
Logo in the Final Program		Bag inserts (up to 4 pages)	<input type="checkbox"/> €2,500
Inside front or back cover	<input type="checkbox"/> €2,000	Conference stationary (notepad & pens)	<input type="checkbox"/> €2,000
Outside back cover	<input type="checkbox"/> €3,000	Lanyard for Badges	<input type="checkbox"/> €1,000
Inside the Program	<input type="checkbox"/> €1,500	Coffee Breaks (per break)	<input type="checkbox"/> €2,000
Abstract Book		Gala Dinner	<input type="checkbox"/> €2,000
Inside front or back cover	<input type="checkbox"/> €2,000		
Outside back cover	<input type="checkbox"/> €3,000		
Inside the Abstract Book	<input type="checkbox"/> €1,500	Abstracts on CD-ROM	<input type="checkbox"/> €2,000
TOTAL:			



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## Singapore

### February 2-5, 2019

#### Payment

All payments must be made in Euro (€) only. Please send a SWIFT copy of your payment at [info@wipocis.org](mailto:info@wipocis.org).  
Applications received after November 15, 2018 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, 2018.

#### 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, Ostrovityanova Street, 117513 Moscow, RUSSIA

☎ (7-495) 735-1414

Fax (7-495) 735-1441

E-mail [info@wipocis.org](mailto:info@wipocis.org)

Web site [www.wipocis.org](http://www.wipocis.org)