



ESC Council on
Cardiovascular Nursing and
Allied Professions



24-25 April, 2009, Dublin, Ireland

Please sign and return this form by mail or fax to:

ESC - Industry Services
 2035 Route des Colles, Les Templiers, BP 179
 06903 Sophia Antipolis Cedex, France
 Fax: +33-(0)4 92 94 76 26 -
 E-mail: Sponsorship@escardio.org

All sponsorship items will be assigned on a
"first come, first served" basis.

SPONSORSHIP & ADVERTISEMENT APPLICATION FORM (tick the appropriate box)

	Deadline	Tick Yes
<u>Advertisement Options</u>		
Preliminary Programme Back Cover	€ 4 000 mid July 2008.....	<input type="checkbox"/>
Preliminary Programme Inside Front Cover.....	€ 2 000 mid July 2008.....	<input type="checkbox"/>
Final Programme Back Cover	€ 4 000 mid February 2009.....	<input type="checkbox"/>
Final Programme Inside Back Cover.....	€ 2 000 mid February 2009.....	<input type="checkbox"/>
<u>Promotional Options</u>		
Bookmark	€ 2 000 mid February 2009.....	<input type="checkbox"/>
Delegate Bag Insert.....	€ 2 000..... mid February 2009.....	<input type="checkbox"/>
Web Link.....	€ 1 000/advert	<input type="checkbox"/>
<u>Sponsorship Options</u>		
Congress Bags		
Exclusive Sponsorship incl. production	€ 6 000 mid October 2008	<input type="checkbox"/>
Exclusive Sponsorship excl. production	€ 3 000 mid October 2008	<input type="checkbox"/>
Note Pads and Pens		
Exclusive Sponsorship incl. production	€ 3 000 mid February 2009.....	<input type="checkbox"/>
Exclusive Sponsorship excl. production	€ 2 000 mid February 2009.....	<input type="checkbox"/>
Badge Laces	€ 2 000 mid February 2009.....	<input type="checkbox"/>
<u>Social Sponsorship</u>		
Cyber Café/Web Space	€ 5 000	<input type="checkbox"/>
Coffee Break (2 per day).....	€ 5 000	<input type="checkbox"/>
Coffee Break - Entire congress.....	€ 10 000	<input type="checkbox"/>
Unrestricted Educational Grant.....	€ 7 500.....	<input type="checkbox"/>



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EUROPEAN
SOCIETY OF
CARDIOLOGY®

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COMPANY NAME (Indicate the name as you wish it to appear in all printed acknowledgments)

Name:

Contact Person:

Address:

Postal code:

City:

Country:

Tel:

Fax:

E-mail:

APPOINTED AGENCY (if any)

Company Name:

Contact Person:

Address:

Postal code:

City:

Country:

Tel:

Fax:

E-mail:

INVOICING DATA (Please verify this is the correct invoicing address) if different from above address - Mandatory

Company (or agency) to be invoiced:

Contact Person:

Address:

VAT N°:

Mandatory

PO N°:

Mandatory

Postal code:

City:

Country:

Tel:

Fax:

E-mail:

Payment will be made by bank transfer (details will be given on the invoice) or by credit card (**only** for amounts under €5,000 incl. VAT only) please provide the following information to the ESC.

Visa

Eurocard / Mastercard

Amex

Credit Card N°:

Expiry Date:

Cardholder's name:

Date:

Contact Name:

We accept the contract terms & conditions and agree to abide by the Guidelines for Industry Participation for CCNAP 2009. I am authorised to sign this application form on behalf of the company/applicant. We also accept to be invoiced for those items ticked off that are available listed on page 1 of this application form.

Signature: **Mandatory**