

11th Annual Spring Meeting on CARDIOVASCULAR NURSING



Belgian Working Group
on
Cardiovascular Nursing

Organised by the ESC Council on Cardiovascular Nursing and Allied Professions,
in cooperation with the Working Group on Cardiovascular Nursing
of the Belgian Society of Cardiology

Brussels, Belgium 1-2 April 2011

ESC Council on
Cardiovascular Nursing and
Allied Professions



Please return this form to: ESC / Industry Services Department
The European Heart House, 2035 Route des Colles, Les Templiers, BP 179
06903 Sophia Antipolis FRANCE
Email: satellite@escardio.org - Fax: +33 492 947 626

FUNCTION SPACE APPLICATION FORM

<p>ORGANISING COMPANY use in all CCNAP 2011 publications</p> <ul style="list-style-type: none"> - Applications for all congress activity must be submitted by the company under whose name each activity is to be organised. - The correspondence for the above items should be made exclusively between this company and the ESC. - The company is responsible for communicating any relevant documents to its staff and appointed agencies. 					
Company Name:			Contact Person:		
Address:					
Postal code:		City:		Country:	
Tel:		Fax:		Email:	
<p>APPOINTED AGENCY if applicable – One main contact person mandatory – Correspondence from non appointed agency will not be taken into consideration</p> <ul style="list-style-type: none"> - This named agency cannot fully act as if it were the company itself and the company will continue to be held entirely responsible and accountable for activities organised in its name. - The ESC has created "Guidelines for Industry Participation" as an essential tool for how to host an Industry Sponsored Session. It is obligatory that every appointed agency read these Guidelines and all other documents posted on "www.escehition.org" website in order to have a proper working relationship with the ESC Congress Division. - The ESC reserves the right to inform the Organising Company mentioned above if the appointed agencies have not examined or understood the reasoning behind the Guidelines and the companies will ensure effective communication is re-established. 					
Agency Name:			Contact Person:		
Address:					
Postal code:		City:		Country:	
Tel:		Fax:		Email:	
<p>INVOICING DATA Any and all changes post invoicing (addition of Purchase Order, changes of billing address...) will not be taken into account, invoices will not be reissued</p>					
Company Name:			Contact Person:		
Invoicing Address:			VAT N° MANDATORY:		
			PO N°:		
Postal code:		City (& state, if applicable):		Country:	
Tel:		Fax:		Email:	
Payment will be made by bank transfer (details will be provided on the invoice)					

We accept the contract terms & conditions and agree to abide by the regulations & conditions laid down for this event. I am authorised to sign this form on behalf of the applicant/Company.

Date:	Contact Name:	Signature:
-------	---------------	------------

