

FRONTIERS IN CARDIOVASCULAR BIOLOGY

Second Meeting of the ESC Council on Basic Cardiovascular Science

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

SPONSORSHIP & ADVERTISEMENT APPLICATION FORM (tick the appropriate box)

Tick Yes

Advertisement Options – product advertising allowed on these 2 items only

Final Programme Back Cover€ 5 000 ☐

Note Pads & Pens (Incl. production).....€ 3 000 ☐

No product advertising allowed for the following items:

Sponsorship Options (Exclusive Sponsorship)

Congress Bags (Incl. Production).....€ 5 000 ☐

Delegate Bag Insert.....€ 2 500 ☐

Badge Holders€ 4 000 ☐

Important:

Payment will be made, by bank transfer, before the date indicated on the invoice or before the first day of the congress, whichever comes first. Once an invoice has been issued, any modification requested will be invoiced €70.

No product advertising, no registered trademarks or misleading names will be allowed unless specified. Corporate advertising, corporate logos will be allowed. Satellite information is allowed, Exhibition details are allowed.

All items are subject to availability; certain conditions may apply.

Cancellations:

You will be invoiced upon receipt of your signed application form. Cancellations will incur 100% cancellation fees if cancelled after receipt of your signed application form.

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COMPANY NAME (Indicate the name exactly as it should appear in all printed acknowledgments)

Name:

Contact Person:

Address:

Postal code:

City (& State, if US):

Country:

Tel:

Fax:

E-mail:

APPOINTED AGENCY (if applicable)

Company Name:

Contact Person:

Address:

Postal code:

City (& State, if US):

Country:

Tel:

Fax:

E-mail:

INVOICING DATA (Please verify this is the correct invoicing address) - Mandatory

Company (or agency) to be invoiced:

Contact Person:

Address:

VAT N°:

Mandatory

PO N°:

Mandatory

Postal code:

City (& State, if US):

Country:

Tel:

Fax:

E-mail:

Date:

Contact Name:

We accept the contract terms & conditions and agree to abide by the Guidelines for Industry Participation for FCVB 2012.

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**