

Application form

Company Name: _____

Address: _____

Postal Code: _____ City: _____

Country: _____ VAT number: _____

Tel: _____ Fax: _____

E-mail: _____

Contact person: _____

Exhibitors: Booth N.: _____

Table N.: _____

Sponsorship Packages:

(please mark selected option)

Diamond 6.000 €	Platinum 5.000 €	Gold 3.000 €	Silver 2.000 €	Polymer 1.000 €
.....

Special Event Packages:

..... Welcome Reception Co-Host	3.000 EUR + VAT
..... Gala Diner Co-Host	4.000 EUR + VAT
..... Advertisement in the conference programme – page	700 EUR + VAT
..... Advertisement in the conference programme ½ page	400 EUR + VAT

Total:

..... €

.....
Stamp & Signature

.....
Date & Place

Account: **PL28 2490 0005 0000 4600 8819 2807**, SWIFT: **ALBPPLPW**

Alior Bank o/Kraków ul. Karmelicka 28, Kraków, Poland

Please return this form to Organizing Office

Symposium Cracoviense - 31-123 Kraków, ul. Krupnicza 3, e-mail: symposium@symposium.pl