

BOOKING FORM

Please print, comp	ete all details and send to: Sponsorship Secretariat ISDF 2023 CAP Partner Tel.: +45 70 20 03 05 Mr. Bent von Eitzen Email: bve@cap-partner.eu Nordre Fasanvej 113 2000 Frederiksberg Denmark
Contact Name	
Company Name	
Address	City:
Post/Zip Code	Country:
Telephone	
Email	Website:
VAT Number	

I would like to book the following Supporter Items:

PLATINUM SUPPORTER		BRONZE SUPPORTER	
€ 40.000			

SPONSORSHIP OPPORTUNITIES			
Item		Price Euro)
Total Amount (please complete)			
EXHIBITION SPACE			
Space only €650 (price) per sqm / Shell Scheme €750 (price) per sqm	No. of Square Me	eters	Total Price
Space only Shell Scheme			
Space only Shell Scheme			
Total Amount (please complete)			
Special notes: Please indicate if your stand must be located adjacent special configuration is needed.	to or opposite th	e followin	g companies, or if
Please send me a contract and first deposit invoice			

'The Olympic games of the diabetic foot'



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Terms of payment

upon receipt of the agreement and first invoiceon 1 January 2023

All payments must be received before the start date of the ISDF 2023. Should the Supporter fail to complete payments prior to the commencement of the ISDF 2023, the Organiser will be entitled to cancel the reservation while cancellation will be subject to cancellation fees as determined below.

Reservations made less than 6 months before the Symposium will be subject to 100% payment at the time of booking.

Payment Methods

After receipt of the booking form you will receive an invoice, payable within 30 days after receipt. If the invoice has not been fully paid before the Symposium, you will not have access to the Symposium.

Cancellation/Modification Policy

Cancellation/modification of items must be made via email to CAP Partner: bve@cap-partner.eu. In case of cancellation of the sponsorship agreement by the sponsor a cancellation fee of 25% of the agreed sponsorship contribution applies if the cancellation is received before or on January 1, 2023. After January 1, 2023 a cancellation fee of 100% of the agreed contribution applies.

I am authorised to sign this form on behalf of the applicant/Company.

Signature

Date

DIABETICFOOT.NL