

Applied Statistics 2008

International conference
Ribno (Bled), Slovenia
21 – 24 September 2008

SPONSORSHIP CONTRACT

PRIMARY CONTACT

Name: _____
Company: _____
(Exactly as you want your company name to appear on all conference information.)
Address: _____ City: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____ Email _____
Corporate Web Site: _____

(Exactly as you want your company web site URL to appear on all conference information.)

BILL TO (if different from above)

Name: _____
Company: _____
Address: _____ City: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____ Email _____

Select sponsoring items (prices in EUR, excluding VAT)

Basic sponsorship (bundle of both items, 400 EUR)

Company name and logo in the printed conference book of abstracts and
Company logo on the conference website including link to your company's website
(from the day of agreement and up to three months after the conference) 400

General benefits for all sponsors

Mention of all sponsors during the opening and closing events FREE
1 regular participant registration for the conference events FREE
1 company poster/flag placed in the general information area (provided by sponsor) FREE

Extended sponsorship (select individual items)

Company logo on the back of the conference folder 100
 Distribution of sponsor provided printed materials in the conference folder 100
 Half-page advertisement in the conference handbook 200
 Company logo as a part of the conference computers' screensaver 100

In addition (individual items, visible signage with company name and logo at sponsored event)

Coffe break (each, 5 items) 250
 Entertainment at the conference reception 300
 Food and drinks for the conference reception SOLD
 Transportation for the conference tour 400
 Table in exhibition area for display of company's materials (next to the conference info/registration desk) 100
 Printing of conference folders and posters SOLD

Basic sponsorship	400	EUR
-------------------	-----	-----

Additional items	_____	EUR
------------------	-------	-----

Total:	_____	EUR
--------	-------	-----

Organizer will provide all above selected benefits
Sponsor has to provide the company logo in high resolution (jpeg or similar).
Materials for distribution and display should be received at least two weeks prior to the conference start.

Payment method:

Bill to address listed above
 Credit Card Payments:
 MasterCard Visa
Card #: _____ Exp. ____/____
Name as appears on card: _____
Cardholder Signature: _____ Date: _____

PAYMENT DUE IN FULL UPON RECEIPT OF INVOICE. IN ALL CASES, CONTRACT MUST BE PAID IN FULL PRIOR TO SPONSOR RECEIVING SPONSORSHIP BENEFITS.

Sponsor Authorized Signature and Title: _____ Date: _____

Please fax completed form indicating the sponsorship of your choice to **+386 1 24 15 344**

Organizer Authorized Signature: _____ Date: _____