

APPLICATION FORM



Please return this form to Conference Secretariat.

c/o LLink Limited, Room 2302, 23/F, Kwai Hung Holdings Centre,
89 King's Road, North Point, Hong Kong

Email: icoms2017-spex@llink.com.hk

Please complete in BLOCK LETTERS.

ORGANIZATION _____

CATEGORY Pharmaceutical Device Publisher Other

TITLE Prof Dr Mr Mrs Ms

FIRST NAME _____ LAST NAME _____

JOB TITLE _____ EMAIL _____

TEL _____ FAX _____

ADDRESS _____

COUNTRY _____ WEBSITE _____

ITEMS				Please✓	Unit Price (USD)
Sponsorship	Platinum Sponsor			<input type="checkbox"/>	65,000
	Gold Sponsor			<input type="checkbox"/>	45,000
	Silver Sponsor			<input type="checkbox"/>	25,000
Exhibition Space	Premium	<input type="checkbox"/> Booth <input type="checkbox"/> Raw Space	Preferred booth number(s):	<input type="checkbox"/>	6,500 x ___ booth(s)
	Standard	<input type="checkbox"/> Booth <input type="checkbox"/> Raw Space		<input type="checkbox"/>	5,500 x ___ booth(s)
In-Kind Sponsorship	Opening Ceremony Reception			<input type="checkbox"/>	10,000
	Gala Dinner			<input type="checkbox"/>	10,000
	Internet Café			<input type="checkbox"/>	15,000
	Luncheon	Preferred date:		<input type="checkbox"/>	10,000
	Coffee Break	Preferred date:	AM / PM:	<input type="checkbox"/>	1,500
	Conference Bag			<input type="checkbox"/>	20,000
	Name Badge (with lanyard)			<input type="checkbox"/>	20,000
	Conference Signage			<input type="checkbox"/>	5,000
Advertising	E-poster Zone			<input type="checkbox"/>	10,000
	Website Banner (in rotation)			<input type="checkbox"/>	3,500
	Final Program Book (Back Cover)			<input type="checkbox"/>	5,000
	Final Program Book (Inside Front Cover)			<input type="checkbox"/>	3,500
	Final Program Book (Inside Back Cover)			<input type="checkbox"/>	3,500
	Final Program Book (Inside Page)			<input type="checkbox"/>	2,000
Conference Bag Inserts			<input type="checkbox"/>	2,500	
Total:					USD

Notes: All bookings requests will be accepted on a first-come, first-served basis. Bookings will not be processed nor exhibition spaces guaranteed without the required 50% deposit within 30 days upon submission of this application form. Balance payment is required by 15 January 2017. By signing on this application form, I hereby confirm that I have read and understand the terms & conditions mentioned in the prospectus.

Signature with company chop: _____ Date: _____