



WFNS 2019 INTERNATIONAL MEETING APPLICATION FORM

BILLING ADDRESS

Name of company as on floorplan:

Name of contact:

Position:

Name of company for billing:

Billing address:

Postcode: City:

Country: VAT or Tax Number:

Phone (incl. country code):

Email:

I would like to apply for:

- | | |
|--|---|
| <input type="checkbox"/> GENERAL SPONSOR | <input type="checkbox"/> SHORT PROGRAM SCHEDULE |
| <input type="checkbox"/> PLATINUM SPONSOR | <input type="checkbox"/> LANYARDS |
| <input type="checkbox"/> GOLD SPONSOR | <input type="checkbox"/> ID CARDS |
| <input type="checkbox"/> SILVER SPONSOR | <input type="checkbox"/> WI-FI |
| <input type="checkbox"/> BRONZE SPONSOR | <input type="checkbox"/> BRANDED CONGRESS BAGS |
| <input type="checkbox"/> SPONSOR | <input type="checkbox"/> CONGRESS BAG INSERT |
| <input type="checkbox"/> LUNCH SYMPOSIUM | <input type="checkbox"/> NETWORKING DINNER |
| <input type="checkbox"/> COFFEE BREAK | <input type="checkbox"/> MOBILE APPLICATION |
| <input type="checkbox"/> ABSTRACT BOOK SPONSOR | |

Errors and omissions excepted. All items are subject to availability.

Date: Signature and stamp of applicant:

Name printed:

Please complete this Form and send it by email to wfns2019belgrade@snss.org.rs in order to submit your application for sponsorship.