



Sponsorship form

Identification

Company name _____
 Contact Person _____
 Address _____
 City _____ Zip/Postal code _____ Country _____
 E-mail _____ Website _____
 Telephone _____ Fax _____

Sponsorship levels (1 option only)	Amount (€)	Sponsorship opportunities	Amount (€)
<input type="checkbox"/> Diamond	25.000	<input type="checkbox"/> Grants for students	(*)
<input type="checkbox"/> Platinum	15.000	<input type="checkbox"/> Gala dinner	20.000
<input type="checkbox"/> Gold	10.000	<input type="checkbox"/> All Congress luncheons	15.000
<input type="checkbox"/> Silver	5.000	<input type="checkbox"/> Congress book guide	10.000
<input type="checkbox"/> Bronze	2.000	<input type="checkbox"/> Wellcome reception	7.500
		<input type="checkbox"/> Congress bags	7.000
		<input type="checkbox"/> Coffe breaks	6.000
		<input type="checkbox"/> Poster session	5.000
		<input type="checkbox"/> Participants gift	3.000

(*) If your company doesn't intend to be an exclusive sponsor (€ 50.000) please write: 5000

Payment

Total amount (€) _____

Credit card

VISA



MasterCard



AMEX



Card number _____ Expiry date _____

Owner _____ CVV (security code) _____

Bank

Transfer

To: Viagens Abreu, S.A.
 Av. 25 de Abril, nº 2
 2799-556 Linda-a-Velha
 VAT: 500 297 177

Bank Name: Millennium BCP
 Bank Adress. Rua Julio Dinis, nr. 713 - 2º
 4050-320 Porto, Portugal
 Account: 0000000000231320
 IBAN - PT50 0033 0000 00000231320 83
 NIB - 0033 0000 00000231320 83
 Swift - BCOMPTPL
 Ref: STRATI 2013

Authorized signature _____ Date _____