

## ORDER FORM

### Company details

Please note all correspondence including invoices will be sent to the contact supplied below.

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

VAT \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_ Website \_\_\_\_\_

### Sponsorship opportunities

Please tick appropriate box. All sponsorship prices are in EURO. VAT 22% to be added, if applicable

- |   |            |   |            |
|---|------------|---|------------|
| <input type="checkbox"/> Congress Bags            | Euro 6.000 | <input type="checkbox"/> Internet Cafè/WiFi         | Euro 5.000 |
| <input type="checkbox"/> Notepads & Pens          | Euro 2.500 | <input type="checkbox"/> Name Badges & Lanyards     | Euro 5.000 |
| <input type="checkbox"/> Coffee Break             | Euro 6.000 | <input type="checkbox"/> Delegate Bags Insert       | Euro 600   |
| <input type="checkbox"/> Advertisement Back Cover | Euro 1.000 | <input type="checkbox"/> Advertisement Inside Cover | Euro 750   |
| <input type="checkbox"/> Advertisement Full Page  | Euro 500   | <input type="checkbox"/> Advertisement Half Page    | Euro 300   |

I agree to be invoiced for a total of € \_\_\_\_\_ for the items selected

Signature \_\_\_\_\_ Date / /

Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

Sponsorship Total \_\_\_\_\_

## Exhibition requirements

Priority of placement within the exhibition will be offered to sponsors first and then sold in accordance with the date of application receipt. Preferred exhibition location:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

## Exhibition confirmation

(Minimum 6 Sqm)

- |  |                 |       |         |
|--|-----------------|-------|---------|
| <input type="checkbox"/> Space Only Rental   | Euro 200,00/m2  | M2___ | Total € |
| <input type="checkbox"/> Shell Scheme Rental | Euro 500,00/ m2 | M2___ | Total € |
| <input type="checkbox"/> Roll-Up             | Euro 600,00     |       |         |

Declaration: I have read & accept the terms & conditions in the prospectus and wish to become an exhibitor at ICCP 2021

I agree to be invoiced for a total of € \_\_\_\_\_

Signature \_\_\_\_\_

Date / /

Application forms may be faxed or mailed to the contact listed below.

A tax invoice will be sent upon receipt of your application form.

Exhibition Total \_\_\_\_\_

Grand Total \_\_\_\_\_

### Conditions of Payment

A 50% deposit is required upon confirmation of your Congress partnership item and/or booth number. The conference organizers are happy to discuss a payment plan with you. Full payment will be due January 31st, 2021

Payment must be made for all Congress partnership and exhibition prior to close of business January 31st, 2021. Failure to do so may result in your Congress partnership item or exhibition stand being released again for sale.



# 10<sup>TH</sup> ICCP Rome '21

10<sup>th</sup> International Congress of Cognitive Psychotherapy  
Rome (Italy) 13<sup>th</sup>-16<sup>th</sup> May 2021

Tick appropriate box

I wish to pay by bank transfer. Bank details will be supplied on your tax invoice issued with confirmation

I wish to pay by credit card:    

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

CVV2 - Credit Card Security Code \_\_\_\_\_

(The Security Code is made up of the last three numbers on the back of your card)

Card Holder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Please Note: All credit card payments will appear as "FEDRA CONGRESSI" on your statement

*Please return your signed order form to:*

*ICCP2021*

*Sponsor & Exhibition Manager*

*Ms. Raffaella Greco*

[raffaella.greco@fedracongressi.com](mailto:raffaella.greco@fedracongressi.com)