

10th International Conference of the International Association For Hyperthermic Oncology, Munich, Germany, April 9-12, 2008.
ESHO School on Clinical Hyperthermia, Munich, Germany, April 7-8, 2008.

SPONSORING AND EXHIBITION FORM

	SUPPORT OPPORTUNITY	EUR
<input type="checkbox"/>	DIAMOND Package	30.000
<input type="checkbox"/>	PLATINUM Package	20.000
<input type="checkbox"/>	GOLD Package	12.500
<input type="checkbox"/>	SILVER Package	7.500
<input type="checkbox"/>	BRONZE Package	4.000
	FOCUSSED OPPORTUNITY	
<input type="checkbox"/>	Conference Dinner	10.000
<input type="checkbox"/>	Welcome Party	5.000
<input type="checkbox"/>	Internet Café	5.000
<input type="checkbox"/>	Meeting bags	6.000
<input type="checkbox"/>	Emerging Market Travel Grant, € 2.500per grant	
<input type="checkbox"/>	Young Student Travel Grant, € 750per grant	
<input type="checkbox"/>	Leaflet Insert	1.000
<input type="checkbox"/>	Advertisement Full Page	1.000
<input type="checkbox"/>	Advertisement Half Page	750
<input type="checkbox"/>	Pens and Pads	1.000
	Total Amount Due in Euro	
<input type="checkbox"/>	Sponsoring amount is 75% allocated to ICHO 2008 and 25% to ESHO School	
<input type="checkbox"/>	Sponsoring amount is 25% allocated to ICHO 2008 and 75% to ESHO School	
Please mark the event(s) you would like to sponsor and notice the total amount.		
Name of the Company:		Telephone:
		Fax:
		E-mail:
Contact Person:	Address for correspondence:	
Date:	Signature	
<p>Please complete this form and return prior to February 22nd, 2008 to Mr J. Eichler, ETM Beratungsgesellschaft GmbH, Friedrichstr. 20, 80801 Munich. Phone +49-89-330 664 12, Fax +49-89-330 664 13, email ETM-Medtherm@t-online.de</p>		

Method of Payment

By bank transfer to:

Mr J. Eichler, ETM Beratungsgesellschaft GmbH, Friedrichstr. 20, 80801 Munich.
Phone +49-89-330 664 12, Fax +49-89-330 664 13.
Email ETM-Medtherm@t-online.de

Account No.: 435875001
IBAN Code: DE50700700240435875001
BIC/Swift Code: DEUTDEDBMUC
Beneficiary: ETM –Beratungsgesellschaft mbH

The names of the participants must be clearly indicated on the bank advice. Please note that all bank transfer charges must be covered by participants and may not be deducted from the remitted amount.

By credit card: Visa Eurocard/Mastercard American press
Diners

Card No.: Expiry Date: /

I authorize **ETM Beratungsgesellschaft GmbH** to debit my credit card account with the amount of €

Name of Cardholder:.....Cardholder's Signature:.....

PAYMENT AND CANCELLATION CONDITIONS

The deadline for sending the form is **February 22nd, 2008**.

After receipt of the application form and the deposit, you will receive a confirmation and an invoice for the requested items for the already paid non-refundable deposit of 50% of the total amount. The remaining 50% of the total amount due will be invoiced on March 15th, 2008. The total amount has to be settled before March 21st, 2008. A cancellation fee of 50% of the total amount will be charged up to March 1st 2008. Thereafter the full amount will be charged in the event of cancellation. The services are obligatory after this payment only.

Herewith I agree with the above-mentioned payment and cancellation conditions.

Date: Signature: