

IGARSS 2007 Exhibitor Booking Form

Please fax (+34 93 401 65 17) or e-mail this form to the following address:
Mrs Cristina Forace (IGARSS07Exhib@cimne.upc.edu)
IGARSS 2007 Congress Secretariat
CIMNE - International Center for Numerical Methods in Engineering
UPC - Campus Nord (Edifici C-1), Gran Capitan s/n
08034 Barcelona, Catalonia, Spain

Exhibitor Details

Title: Prof. Dr. Mr. Mrs.
First Name Surname(s)
Organization
Address:
Postcode: City:
Country: Phone:
Fax: E-mail:

Booth Space

Booth preferences will be accommodated whenever possible and available on a first come first served basis. Please indicate the number of booths required and the preferred spaces requested. Please refer to exhibit hall diagram.

We want to reserve booth(s) in the following locations:

1st choice **2nd choice** **3rd choice**

Sponsorship and Grant Options:

To maximize your organizations exposure at the conference, you may co-sponsor the conference in the form of a grant or you may choose to co-sponsor a specific conference function, event or promotional item. By participating in one of the many meeting co-sponsorship opportunities, your organization will be recognized in additional locations depending on the donation level.

Platinum: + 8,000 € Recognition in conference proceedings, marketing publications, conference signage and conference website

Gold: 4,000 – 8,000 € Recognition on conference website and conference signage

Silver: 1,400 – 4,000 € Recognition on conference website

Government and Corporate Grants are welcome at all levels and may support specific events, items, or overall conference expenses. IGARSS 2007 also welcomes corporate direct support of items purchased by the donor and supplied directly to conference.

Co-Sponsorship Grant amount in €.....

If Invoice requested, please indicate VAT Number (*)

	Unit Price (Euro)	To be paid (Euro)
Booth/s:	1,300	
Advertisement Opportunities:		
Check all advertisement space in which you are interested.		
Advance and Final Programmes – Deadline: May 31 st 2007		
Back Cover	2,000	
Inside Cover	1,500	
Centre Spread	1,500	
Full Page	5,000	
Half Page	4,000	
	Total	
	Taxes 16 % (*)	
	Total (Euros)	

(*) Taxes only apply to Spain.

PAYMENT:

I enclosed here with a cheque covering the above marked amount payable to CIMNE

I have ordered a bank transfer to:

Beneficiary: CIMNE - EMLG 2006

Bank: LA CAIXA - C/ Manila, 49 (08034) Barcelona - Spain

IBAN: ES78 2100 2902 1202 0003 7720 - SWIFT-CODE: CAIXESBB

Please attach copy of the transfer order to this form.

I would like to pay the above marked amount by credit card.

Visa American Express Master Card

Card number:

Expiry Date:

CCV: (last 3 digits on the back of the credit card, 4 security numbers code if AMEX)

Cardholder's name:

Date:

Authorized signature: