

MARKETING SUPPORT OPPORTUNITIES REQUEST FORM

4th World Congress of Thoracic Imaging/ June 18-21, 2017/ Hynes Convention Center/Boston, Massachusetts

Exhibitor/Sponsor: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____

By signing this document, exhibitor agrees that this is a legally binding contract and that 25% payment is due with this agreement, 50% IS DUE December 23, 2016 and the balance is due by March 27, 2017. In the event of cancellation, a refund will not be issued unless the support is resold at the full amount. At that time a full refund less 25% administrative fee will be issued. All artwork must be submitted to the World Congress for approval prior to use. This includes banners, videos, screensavers, and ads. Only World Congress exhibitors will be allowed to participate in support opportunities

Please check the appropriate support opportunity:

INDUSTRY SUPPORTED LUNCH SYMPOSIA \$15,000
(please complete separate symposium agreement)

AUTOMATED CHARGING MACHINE \$10,000

BANNERS \$175 / sf

COFFEE BREAK \$10,000 per day

COFFEE SLEEVES \$15,000

COLUMN WRAPS \$8,000 per wrap

CYBER BAR \$15,000

ESCALATOR PROMOTION \$18,000

GRAPHIC BOARDS

Single-sided # boards _____ x \$3000 = \$ _____

Double-sided # boards _____ x \$5500 = \$ _____

HOTEL KEYCARDS \$18,000

HOTEL VIDEO \$15,000

MEETING BAGS \$25,000

MEETING BAG INSERT \$ 3,000

MOBILE APPLICATION

\$30,000 exclusive, \$15,000 shared

MAILING LIST (please fill out Mailing list agreement)

PROGRAM ADVERTISING \$10,000

RESIDENT PROGRAM \$50,000

WINDOW CLINGS Location _____ \$5,000 / 3 panes

PAYMENT INFORMATION: Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

Check: Amount enclosed: \$ _____

Secure Fax: + 978.524.0461 **This form must be faxed if credit card number is showing. DO NOT EMAIL.**

Credit Card Amex Visa MasterCard **Amount to be charged: \$ _____**

Credit Card Number _____ Expiration Date _____ Security Code (3 digits on front or back of card) _____

Name as it appears on credit card _____ Cardholder's Signature _____

If billing address is not the same please enter: _____
Address _____ City/State/Postal/ Country _____

Wire Transfer: Please email industry@4wcti.org or call our offices at +978.927.8330 for wiring details

FOR WORLD CONGRESS USE ONLY: Date Received: _____ Confirmation Sent: _____ Payment Received _____ Entered: _____