# SPONSORSHIP ORDER FORM (page 1)

### 17<sup>th</sup> EFORT Annual Congress 01-03 June 2016 | Geneva, Switzerland

Priority application deadline is 05 October 2015

Please return this signed form to alan.cole@efort.org or sponsorship@efort.org

City



#### Sponsor

Company Name Contact person			
Address			
Postal Code	City	Country	
Phone		E-mail	
Appointed agency (if	<sup>r</sup> any)		
Agency Name			
Contact person			
Address			

Country

E-mail

### SPONSOR

Phone

Postal Code

Applications for all congress activities must be submitted by the SPONSOR under whose name each activity is to be organised. We would like to draw your attention to the fact that the correspondence for the above items should be made exclusively between the SPONSOR and the European Federation of national associations of Orthopaedics and Trauma (EFORT). The SPONSOR is responsible for communicating any relevant documents to its staff and appointed agencies.

### APPOINTED AGENCY

The SPONSOR should inform EFORT in writing which agency is appointed for each congress activity. Otherwise requests and communications from agencies cannot be taken into consideration. The SPONSOR will continue to be held entirely responsible and accountable for activities organised in its name.

#### SPONSORING OPPORTUNITIES

Abstract of accepted free papers & posters	CHF 55,000	Internet WLAN corners	CHF 29,000
EFORTnet	on request	Wifi branding	on request
Abstract Poster Awards & poster area	CHF 23,000	Congress App	CHF 40,900
Pocket Guide & accompanying lanyards	CHF 40,000	Final programme – inside cover	CHF 12,000
Information kiosks/ask me t-shirts	CHF 29,250	Final programme - foldout back cover double page spread	CHF 29,250
Exhibition aisle branding	CHF 23,500	Final programme – RHP	CHF 10,500
Exhibitor listing online link	CHF 1,200	Final programme – bookmark	CHF 9,350
Promotional flyer	CHF 5,850	Call for abstracts/first announcement 2017	CHF 23,400
Industry symposium flyer* see page 11	free before 5 Oct. or CHF 4,100 after	Daily news	details on request from CHF 3,500
Notepads and pens	CHF 12,000	Educational grant	details on request
On-site visibility options	on request	Academy membership	details on request
Pre-congress Electronic Mailing	single CHF 3,500, double CHF 6,000	Charity Run/Walk	on request
Open Reviews Journal	on request	Meeting rooms	from CHF 3,000

# SPONSORSHIP ORDER FORM (page 2)

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## SELECT THE CATEGORIES THAT BEST APPLY TO YOUR COMPANY/ORGANISATION



Invoice	details
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(only if different from Name of SPONSOR	m page 1) or agency to be invoiced		
Contact person			
Address _		VAT n°	
		(if applicable) Purchase order n°	
Postal Code	City	Country	
Phone _		E-mail	

We understand and agree that we, the SPONSOR, are entirely responsible for payment of rates according to the above. In the case that an appointed agency does not discharge payment of the invoices, charges will revert back to the SPONSOR and may, at EFORT's sole discretion, include administrative surcharges of up to 10% of the total rates.

The Sponsorship agreement between the SPONSOR and EFORT consists of this dated and duly signed Application Form, the General Terms and Conditions of Sponsorship Agreements, and the EFORT 2016 Exhibitor and Sponsorship Manual. By signing and returning this Application Form the SPON-SOR acknowledges having received, read and accepted all these terms of the Sponsorship agreement. This agreement is subject exclusively to Swiss law. Any disputes shall be resolved exclusively by expedited arbitration in accordance with the World Intellectual Property Organization Arbitration and Mediation Center's Rules for expedited arbitration. The place of any arbitration shall be Geneva, Switzerland.

It is the SPONSORS responsibility to comply with any applicable laws, administrative rules and regulations including, publicity, the handing out of any samples, and the sale or promotion of any products and marketing material. Neither EFORT nor its appointed partners can be held liable for any non-compliance.

All rates shown are in Swiss Francs (CHF) and shown exclusive of 8% Swiss VAT

Date

Contact Name

Signature