

INTERNATIONAL CONFERENCE ON DISASTER AND MILITARY MEDICINE



NOVEMBER 18 - 19 NOVEMBER 2019 / DURING MEDICA TRADE FAIR DÜSSELDORF

# REGISTRATION FORM FOR INDUSTRIAL PARTNERS www.dimimed-duesseldorf.de

### REGISTRATION FEES FOR INDUSTRIAL PARTNERS

- INDIVIDUAL PARALLEL WORKSHOP / Additional room / € 5.900,- plus 19% VAT / Includes:
  - The opportunity to present a subject of your choice, to a selected audience
  - 2,5 hours of undivided attention of your target audience
  - Free of charge participation at the conference with three persons, every additional participant € 350,00 plus 19% VAT
  - · Logo on our Website for at least 10 months
  - · Logo in the conference program flyer
  - Naming via PowerPoint Presentation in the auditorium
  - about 2x2 m of effective advertising space for your Roll-up banner stand in the foyer near by the plenum
  - 1/1 advertisement in the format DIN A4 4c, 2nd, 3rd or 4th cover page of the conference program booklet
- ☐ INDUSTRIAL PRESENTATION / € 1.500,- plus 19% VAT / Includes:
  - Presentation of 15 minutes
  - Free of charge participation at the conference with two persons, every additional participant € 350,00 plus 19% VAT
  - · Logo on our Website for at least 10 months
  - · Logo in the conference program booklet
  - Naming via PowerPoint Presentation in the auditorium
- ☐ SUPPORT PACKAGE / Foyer during coffee breaks / € 980,- plus 19% VAT / Includes:
  - Free of charge participation at the conference with one person, every additional participant € 350,00 plus 19% VAT
  - about 2x2 m of effective advertising space for your Roll-up banner stand in the foyer near by the plenum
  - One standing table for your booklets
  - · Logo on our Website for at least 10 months
  - · Logo in the conference program flyer
  - Naming via PowerPoint Presentation in the auditorium
- INDUSTRIAL REPRESENTATIVE / € 350,- plus 19% VAT

Price per participant (The overhead fee covering all extras such as lunch buffet, beverages served during coffee breaks, conference

## PLEASE GET BACK TO US!

# Company: Name, First Name: Position / Department: Address: ZIP-Code / City: Tel: E-Mail Invoice address, if different:

Date: Signature/Stamp: Signature/Stamp:

## **CONTACT**

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