

SEMICON® Europa 2017
Munich, Germany
14 -17 November 2017

SPONSORSHIP AGREEMENT

(To be completed by October 2, 2017)

To be returned to:
 E-mail: dhodaj@semi.org

CLIENT DETAILS

Company Name		Contact Name	
Address		Telephone	
Address		Fax	
Postal Code		E-mail	
City		VAT N°	
Country		Website	
Billing Address <small>if different from above</small>			

SPONSORSHIP AGREEMENT

OUR COMPANY AGREES TO BOOK THE FOLLOWING:

Please list here the sponsorship opportunity

Price: _____

REQUIREMENTS:

Company logo (for print and web posting, high-res, eps-file)
 Sponsorship payment : 10 days after receiving invoice
 Please note: after printing deadlines only onsite and website announcements are possible.

PAYMENT:

Charge to Visa Eurocard/Mastercard AMEX Diners

CREDIT CARD NUMBER _____

EXPIRY _____ CVC CODE _____

CREDIT CARD HOLDER _____

CREDIT BILLING ADDRESS _____

SIGNATURE _____

Or Please send an invoice

Terms and conditions:

The total price of the sponsorship is invoiced and the payment must be made within 10 days of receipt of the form. Payment is non-refundable if the booking is subsequently cancelled. Sponsorship opportunities will be allocated on a first come, first serve basis according to availability.

By signing I confirm that I agree with the above-mentioned terms and conditions

Date		Print Name	
Signature		Stamp	