

FORM 1 : Exhibition Booth Application Form

May 08th – 08:00hrs to 18:00 hrs

May 09th – 08:00hrs to 18:00 hrs

May 10th – 08:00hrs to 13:00 hrs

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

A.1 Exhibitor's Details: (As it appears on in the main programme:)

Company: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:
A.2 Contact Person: (as on badge)	

Rental fee for an exhibition area **EUR 2.000,00**

Includes

- 1 table, 2 chairs for the exhibition space
- Coffee and lunch breaks for 2 person
- Publication of exhibitor as mentioned in A.1 in programme and website
- 2 exhibitor badges (Admittance to SOSORT Scientific Session) for person named in A.2 and down here -(2nd person):
(fill out name:)

A.3 Additional Staff: (max. 1 additional person per exhibitor) **EUR 220,00**

Name (as on badge): _____

*******Disclaimer**

The mentioned prices are valid for the described period. Any co-exhibitor on the same booth will be charged with 500,00 EUR extra. The space assignment is on first-come first-serve basis. Cancellations and amendments must be noticed in written form and sent by fax to Intermed Forum e.V.. Cancellation after October 31st – is charged with 50% cancellation fee of the ordered services. Any cancellation after December 31st is charged with 80% of the ordered services. Unpaid invoice balance causes no admission as exhibitor or entrance to congress area. Invoice is effectuated after receipt of this application form.

By participating in the SOSORT the subscriber agrees that Intermed-Forum e.V. nor SOSORT, its contractors and any other third parties involved in the Programme will not be liable for any accidents or damages occurring within the scope of the Programme. The subscriber hereby states that he/she has fully read and understood and in particular the cancellation policy.

Place / Date _____ / _____

Signature & Stamp: _____

FORM 2 : Sponsor Application Form

May 08th – 08:00hrs to 18:00 hrs

May 09th – 08:00hrs to 18:00 hrs

May 10th – 08:00hrs to 13:00 hrs

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

S.1 Sponsor's Details: (As it appears on in the main programme:)

Company: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:
S.2 Contact Person: (as on badge)	

SOSORT 2014 Main Sponsorship **EUR 6.000,00**

Includes

- exhibition space
- 1 table, 2 chairs for the exhibition space
- Coffee and lunch breaks for 3 person
- 1 page 4C advertisement in the main programme
- Publication of sponsor as mentioned in S.1 with logo in programme and website
- Logo on Congress Bag
- 3 exhibitor badges (Admittance to SOSORT Scientific Session) and 3 tickets for the gala dinner on May 09th for person named in S.2 and here -(2nd /3rd person): (fill out name:)

S.3 Additional Staff: (max. 1 additional person per exhibitor) **EUR 220,00**

Name (as on badge): _____

*******Disclaimer**

The mentioned prices are valid for the described period. Any co-sponsor on the same booth will be charged with 500,00 EUR extra. The space assignment is on first-come first-serve basis. Cancellations and amendments must be noticed in written form and sent by fax to Intermed Forum e.V.. Cancellation after October 31st – is charged with 50% cancellation fee of the ordered services. Any cancellation after December 31st is charged with 100% of the ordered services. Unpaid invoice balance causes no admission as exhibitor or entrance to congress area. Invoice is effectuated after receipt of this application form.

By participating in the SOSORT the subscriber agrees that Intermed-Forum e.V. nor SOSORT, its contractors and any other third parties involved in the Programme will not be liable for any accidents or damages occurring within the scope of the Programme. The subscriber hereby states that he/she has fully read and understood and in particular the cancellation policy.

Place / Date _____ / _____

Signature & Stamp: _____

FORM 3 : Social Event Sponsor Application Form

May 08th – 18:00hrs to 22:00 hrs

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

S.1 Sponsor's Details: (As it appears on in the main programme:)

Company: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:
S.2 Contact Person: (as on badge)	

SOSORT 2014 River Boat Sponsor

EUR 5.000,00

It is planned to have an "Come Together" event on a Rhine River Boat for every participant during the Programme on May 08th. Each participant has a contribution of 25,00 EUR for transportation. The River Boat Cruise to the Rhine River "World Cultural Heritage" gives you an ideal location to advertise your company exclusively on the boat (set ups of banner and exposure of marketing materials). The sponsorship covers the boat rental and dinner on the boat, however drinks are covered upon own consumption by each participant. This Sponsorship furthermore includes:

- 1 page 4C advertisement in the main programme (2nd or 3rd covering page)
- Publication of sponsor as mentioned in S.1 with logo in programme and website
- Coffee and lunch breaks for 2 person during the SOSORT Scientific session
- 2 exhibitor badges (Admittance to SOSORT Scientific Session) and 2 tickets for the gala dinner on May 09th for person named in S.2 and here -(2nd person):
(fill out here:)

*******Disclaimer**

The mentioned prices are valid for the described period. Any co-sponsor on the boat will be charged with 1000,00 EUR extra. The space assignment for advertisement on the boat is assigned by the boat's staff and according to the boat's security rules. Cancellations and amendments of the sponsorship must be noticed in written form and sent by fax to Intermed Forum e.V.. Cancellation after October 31st – is charged with 50% cancellation fee of the ordered services. Any cancellation after December 31st is charged with 100% of the ordered services. Unpaid invoice balance causes no admission as sponsor or entrance to congress area or river boat. Invoice is effectuated after receipt of this application form. By participating in the SOSORT the subscriber agrees that Intermed-Forum e.V. nor SOSORT, its contractors and any other third parties involved in the Programme will not be liable for any accidents or damages occurring within the scope of the Programme. The subscriber hereby states that he/she has fully read and understood and in particular the cancellation policy.

Place / Date _____ / _____

Signature & Stamp: _____

FORM 4 : Social Event Sponsor Application Form

May 09th – 19:00hrs to 23:00 hrs

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

S.1 Sponsor's Details: (As it appears on in the main programme:)

Company: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:

GALA Dinner May 09th

Price : upon demand

*******Disclaimer**

Cancellations and amendments of the sponsorship must be noticed in written form and sent by fax to Intermed Forum e.V.. Cancellation after October 31st – is charged with 50% cancellation fee of the ordered services. Any cancellation after December 31st is charged with 100% of the ordered services. Unpaid invoice balance causes no admission as sponsor or entrance to congress area. Invoice is effectuated after receipt of this application form. By participating in the SOSORT the subscriber agrees that Intermed-Forum e.V. nor SOSORT, its contractors and any other third parties involved in the Programme will not be liable for any accidents or damages occurring within the scope of the Programme. The subscriber hereby states that he/she has fully read and understood and in particular the cancellation policy.

Place / Date _____ / _____

Signature & Stamp: _____



FORM 5 : Other Sponsorship Opportunities

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

S.1 Sponsor's Details:

Company: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:
Contact person:	

- | | |
|--|------------------------------------|
| <input type="checkbox"/> <u>W - LAN internet Sponsor</u> | Price : <u>1.200,00 EUR</u> |
| <input type="checkbox"/> <u>USB Stick Sponsor</u> | Price: <u>1.900,00 EUR</u> |
| <input type="checkbox"/> <u>Congress Bag Sponsor (material)</u> | Price: <u>2.500,00 EUR</u> |
| <input type="checkbox"/> <u>Lanyards with Logo</u> | Price: <u>3.500,00 EUR</u> |
| <input type="checkbox"/> <u>Other sponsorship: _____</u> | Price: <u>Upon demand</u> |

*******Disclaimer**

Cancellations and amendments of the sponsorship must be noticed in written form and sent by fax to Intermed Forum e.V.. Cancellation after October 31st – is charged with 50% cancellation fee of the ordered/sponsored services. Any cancellation after December 31st is charged with 100% of the ordered/sponsored services. Unpaid invoice balance causes no admission as sponsor or entrance to congress area. Invoice is effectuated after receipt of this application form. By participating in the SOSORT the subscriber agrees that Intermed-Forum e.V. nor SOSORT, its contractors and any other third parties involved in the Programme will not be liable for any accidents or damages occurring within the scope of the Programme. The subscriber hereby states that he/she has fully read and understood and in particular the cancellation policy.

Place / Date _____ / _____

Signature & Stamp: _____

FORM 6 : Advertisement

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

A.1 Details:

Company: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:
Contact person:	

Programme Advertisements:

- | | |
|---|----------------------------|
| <input type="checkbox"/> 1 full page/colored | Price: 1.500,00 EUR |
| <input type="checkbox"/> 1 full page /colored (cover page 2 or 3) | Price: 1.800,00 EUR |
| <input type="checkbox"/> ½ page/colored | Price: 750,00 EUR |
| <input type="checkbox"/> ¼ page/colored | Price: 375,00 EUR |

Media:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Web Logo | Price: 150,00 EUR |
| <input type="checkbox"/> Coffee/Lunch Break advertisement* | Price: 500,00 EUR |

*Price per day. Advertisements or Logo will be shown during session's break of main sessions

- | | |
|--|---------------------------|
| <input type="checkbox"/> Other advertisement: _____ | Price: Upon demand |
|--|---------------------------|

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Place / Date _____ / _____

Signature & Stamp: _____

FORM 7 : Sponsored Workshops **(maximum of 3 sponsored workshops possible)**

Please fill out the form and send it to info@sosort2014.com or by fax to + 49 6129 488650

A.1 Details:

Company/Institution: <i>fill in capital letters</i>	
Address:	
ZIP:	State:
CITY:	Country:
Tel:	Fax:
Web:	Email:
Contact person:	

Sponsored WORKSHOP will take place on Sat.- May 10th (13:30h- 16:30h)

Sponsored Workshop

1.500,00 EUR*

Workshop Theme:	
Speaker:	
Set up style:	<input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> U-Shape
Technical requirements:	
Maximum participants:	

*includes 1 afternoon coffee break and soft drinks in the room.

*******Disclaimer**

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Place / Date _____ / _____

Signature & Stamp: _____