

Exhibition & Advertisement Application Form

* Accounting: Ms. Bella Kim (Tel: +82-2-3010-7255, E-mail: bellakim@summitmd.com)

※ Please send the attached application form via email

to namoon@summitmd.com by **no longer than June 30 (Fri), 2017.**

1. Company Information

*Company Name			
Company Address			
*Contact Person			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Position	
* Telephone	(office)	Department	
	(mobile)	Title	
*E-mail		FAX No.	

2. Exhibition Booth/ Learning Center

Booth	<input type="checkbox"/> Exhibition: _____ Booth / <input type="checkbox"/> Learning Center: _____ Booth
Exhibition Item	

3. Advertisement

** Please check the item which you would apply and fill up the details.

Item	Apply	Details
Brochure		___ Inner Page(s)
PDP		All days
DID Screen		All days
Coffee Break		___ Time(s)
F&B		___ Time(s)

※ First come first serve basis.

Sponsorship Application Form

1. Company Information

*Company Name			
Company Address			
*Contact Person			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Position	
* Telephone	(office)	Department	
	(mobile)	Title	
*E-mail		FAX No.	

2. Sponsorship Level

Please mark the sign (✓) which you would apply for sponsorshi p level.	<input type="checkbox"/>	Diamond	USD
	<input type="checkbox"/>	Platinum	USD
	<input type="checkbox"/>	Gold	USD
	<input type="checkbox"/>	Silver	USD
	<input type="checkbox"/>	Bronze	USD
	<input type="checkbox"/>	Normal	USD

I, or my company, _____

agree on the terms of the sponsorship and applies as an official sponsor
of the **6th AP VALVES 2017.**

Date (dd/mm/yyyy) _____

Signature _____

CardioVascular Research Foundation