

Contract form for sponsor

MedInfo 2013 · 20-23 august, 2013 Copenhagen, Denmark

INVOICE ADDRESS - PLEASE USE BLOCK LETTERS

| | |
|--|---------------------|
| Name of company | |
| Contact person | |
| Address | |
| | |
| City | Phone |
| Country | Fax |
| E-mail | VAT No |
| | |
| We would like to book the following Sponsor items: | |
| | |
| | |
| | |
| For the value of: | DKK (Danish kroner) |
| Please note: all prices are exclusive of VAT. Prices in USD per April 2012 can change. | |

Signature of this form implies compliance with the rules stated in this document.

We confirm to the Organising Committee our participation as an sponsor at the MedInfo 2013 in Copenhagen, Denmark 20-23 august, 2013 and reaffirm that we have read and agreed to General terms and conditions.

Signature of authorized person

Name printed

Date _____

This application is legally binding.
Return to Attn: MedInfo 2013, Peder Andersen
E-mail: exhibition@discongress.com or fax +45 4492 5050