



NOVEMBER 15 - 16, 2016 / **DURING MEDICA TRADE FAIR DÜSSELDORF GERMANY**

REGISTRATION FORM FOR INDUSTRIAL PARTNERS

www.dimimed.com

REGISTRATION FEES FOR INDUSTRIAL PARTNERS

- INDIVIDUAL PARALLEL WORKSHOP** / Additional room / € 5.900,- plus 19% VAT / Includes:
 - Free of charge participation at the Conference with three persons, every additional participant - € 350,00 - plus 19% VAT
 - Logo on our Website
 - 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** / Plenary Sessions / € 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
 - 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
 - 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 bag etc.)

- COMBINATION PACKAGE DiMiMED ASIA + DiMiMED DÜSSELDORF** / Price by arrangement
Please contact us to discuss different partner possibilities

PLEASE GET BACK TO US BEFORE OCTOBER 15TH, 2016!

Company:

Name, First Name:

Position / Department:

Address:

ZIP-Code / City:

Tel: Fax:

E-Mail:

Invoice address, if different:

Date: Signature/Stamp:

CONTACT

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