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| **Form 1 (Compulsory)** |

**Deadline: April 23 (Sat), 2016**

All sponsors and exhibitors must fill out this form and send to [sponosor@wcmisst.org](mailto:sponosor@wcmisst.org) by **April 23, 2016**.

1. **Company Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** |  | | | |
| The company name will be printed at **Booth Fascia, Final program and exhibitor badge**, so please fill out your company name correctly. | | | | |
| **Person in charge at the on-site** | **Name** |  | **E-mail** |  |
| **Cell Phone** |  | **Office Phone** |  |

1. **Booth Allocation**

|  |  |  |
| --- | --- | --- |
| * Please check floor plan at the **page 11** of the Manual and choose from 1st to 3rd preference. * Final booth allocation will be done by the organizing committee with full consideration of your application. | | |
| **1st preference** | **2nd preference** | **3rd preference** |
|  |  |  |

1. **Company Profile**

|  |  |
| --- | --- |
| This Profile will be printed at the Final Program, please fill out correctly. | |
| **Company Name** | The Company name will be printed same as No 1 category on top of this Form. |
| **General Phone** |  |
| **General**  **E-mail** |  |
| **Website** |  |
| **Profile** | *Fill out under 100 words* |

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| **Form 2 (Optional)** |

**Deadline: April 30 (Sat), 2016**

Please fill out this form and send to [sponosor@wcmisst.org](mailto:sponosor@wcmisst.org) by **April 30, 2016**, if a sponsor and exhibitor who needs from the below categories.

1. **Extra Exhibitor Badge (Extra fee)**

|  |  |  |  |
| --- | --- | --- | --- |
| * If exhibitor needs extra badges, please fill out at below. * This badge is only allowed to access the exhibition area only. * Please make sure the badge does NOT allowed to access the session room. | | | |
| **Company Name** | **Cost** | **Quantity** | **Total** |
|  | **USD 50** | **EA** | **USD** |
| **VAT 10%** | | | USD |
| **Total** | | | USD |

1. **Complementary Registration (Non extra fee)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please fill out the below form after complete the process at the **page 21** of the manual. | | | | | | | | | |
| **1** | **E-mail (ID)** |  | | **Name** |  | | **Reg. No.** | |  |
| **2** | **E-mail (ID)** |  | | **Name** |  | | **Reg. No.** | |  |
| **3** | **E-mail (ID)** |  | | **Name** |  | | **Reg. No.** | |  |
| **4** | **E-mail (ID)** |  | | **Name** |  | | **Reg. No.** | |  |
| **5** | **E-mail (ID)** |  | | **Name** |  | | **Reg. No.** | |  |
| **6** | **E-mail (ID)** |  | | **Name** |  | | **Reg. No.** | |  |
| **Sponsor Level** | | | **Diamond** | **Platinum** | | **Gold** | | **Bronze** | |
| **Complementary Registration** | | | 8 pax | 6 pax | | 4 pax | | 2 pax | |

1. **Insert sponsors’ flyer AD in the Congress Kit (Non extra fee)**

|  |  |
| --- | --- |
| Please check the **page 20** of the manual and fill out detail information of your flyer AD | |
| **Sender’s Name** | *Sender’s Name must same as your company name* |
| **Kind of** | *Ex) Brochure, Leaflet, Flyer etc.* |
| **Page(s)** | *Ex) 1 page, 2 pages, 4 pages etc.* |
| **Quantity** | *Ex) 100 copies, 1 box etc.* |

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| **Luncheon Symposium Form** |

**Deadline: April 23 (Sat), 2016**

Please fill out this form and submit it by email at **sponsor@wcmisst.org** by **April 23, 2016**, for approve at by the organizing committee.

1. **Company Information**

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Name of Contact person** |  |
| **Contact Person E-mail** |  |
| **Contact Person Telephone** |  |

1. **Luncheon Symposium Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Session Time & Date** | □ | June 2 (Thu) | | 12:30 – 14:00 |
| □ | June 3 (Fri) | | 12:00 – 13:30 |
| **Room Options** | □ | Room 1 | | Halla Hall AB / Min. 250 Pax – Max. 400 Pax |
| □ | Room 2 | | Samda Hall A / 90 Pax |
| □ | Room 3 | | Samda Hall B / 90 Pax |
| **Objective / Theme** |  | | | |
| **Speaker 1** | Full Name & Title | |  | |
| Affiliation & Country | |  | |
| Email | |  | |
| **Speaker 2** | Full Name & Title | |  | |
| Affiliation & Country | |  | |
| Email | |  | |
| **Speaker 3** | Full Name & Title | |  | |
| Affiliation & Country | |  | |
| Email | |  | |