

37th European Symposium on Clinical Pharmacy
Dubrovnik, Croatia, 22-24 October 2008

Sponsorship and Exhibition Application Form

Company name:	
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Contact person:	
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Address:	
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ZIP & City:		Country:	
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Phone:		Fax:	
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E-mail:	
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We apply for:		
<input type="radio"/> Gold Level:	EUR 20.000,00	<input type="checkbox"/>
<input type="radio"/> Silver Level:	EUR 15.000,00	<input type="checkbox"/>
<input type="radio"/> Bronze Level:	EUR 10.000,00	<input type="checkbox"/>
<input type="radio"/> Scientific Mini Symposium:	EUR 8.000,00	<input type="checkbox"/>
<input type="radio"/> Welcome or Closing Dinner or Event:	EUR 5.000,00	<input type="checkbox"/>
<input type="radio"/> Exhibition Space (6m²):	EUR 3.000,00	<input type="checkbox"/>
<input type="radio"/> Table Top:	EUR 1.500,00	<input type="checkbox"/>

Remarks:

Contact person _____ Date _____ Signature _____

<p>Please, return this form – by 30 June 2008 – to Symposium Secretariat by: E-Mail: escp2008@atlas.hr or Fax: ++385-1-4698-053</p>
