

ORDER FORM

Education

- Abstracts on CD-ROM. € 20.000
- Lunch Symposium € 10.000 + costs
- Individual Tracks. € 10.000

Education Total: _____

Congress Services

- Delegate Courtesy Area € 6.000
- Internet Lounge. € 20.000
- Message Center € 6.000
- Namebadges & lanyards € 10.000
- Delegate Bags. € 21.000
- Bag Insert € 3.000 + costs
- Bookmark € 5.000
- Hostesses € 25.000
- Simultaneous Translation € 15.000
- Coffee Breaks € 25.000
- Coffee Breaks for Pre-Congress Courses € 7.500
- Sole Sponsorship of Abstract Submission Site. € 25.000
- Congress Newsletter. € 15.000
- Registration Area € 25.000
- Hotel Room Keys € 5.000 + costs
- Speaker Transportation € 20.000
- Hotel Room Drop € 5.000 + costs
- Online Itinerary Planner € 5.000

Services Total: _____

Networking

- Opening Reception € 25.000
- Speakers' Dinner € 25.000
- Gala Dinner € 30.000
- Karaoke Night. € 30.000

Networking Total: _____

Advertising

Preliminary Programme

- Full page, 4-colour € 3.500
- Half-page, 4-colour € 2.500

Final Programme

- Back Cover. € 12.000
- Inside Front Cover € 8.000
- Full page, 4-colour € 7.000
- Half-page, 4-colour € 5.000

Abstract Syllabus

- Back Cover. € 12.000
- Inside Front Cover € 8.000
- Full page, 4-colour € 7.000
- Half-page, 4-colour € 5.000

Advertising Total: _____

Exhibition

- 3m x 2m € 6.000
- 3m x 3m € 8.000
- 3m x 4m € 10.000
- 3m x 6m € 12.000

Exhibition Total: _____

- Logo & message on MEMC website € 1.500

GRAND TOTAL: € _____

ORDER FORM, CONTINUED

Company: _____

Contact Name: _____

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

GRAND TOTAL: € _____
(from previous page)

Please remit payment in full to:

Mediterranean Emergency Medicine Congress (MEMC IV)
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202

Method of Payment:

- Check enclosed (made payable to MEMC)
- Wire transfer (please contact MEMC for bank information)
- Credit Card (circle: MasterCard VISA)

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Signature: _____

* Credit card payments will be processed by Executive Director, Incorporated, the Congress PCO.