

SEMI Europe:

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To be returned to:

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CLIENT DETAILS

Company Name		Contact Name	
Address		Telephone	
Address		Fax	
Postal Code		Email	
City		VAT N°	
Country		Website	
Billing Address <small>if different from above</small>			

SPONSORSHIP AGREEMENT

OUR COMPANY AGREES TO SPONSOR:

Please list here the sponsorship opportunity

Price:

DUE DATES:

Company logo (for print and web posting, high-res, eps-file) – 16 February 2012
100 words company description – 16 February 2012
Sponsorship payment – upon receipt of invoice and in no case later than 16 February 2012
Please note: After printing deadlines only onsite and website announcements are possible.

PAYMENT:

Charge to Visa Eurocard/Mastercard AMEX Diners

CREDIT CARD NUMBER _____

EXPIRY DATE _____ CVC CODE _____

CREDIT CARD HOLDER _____

BILLING ADDRESS _____

SIGNATURE _____

Or

Please send an invoice

Terms and conditions:

The total price of the sponsorship is invoiced and the payment must be made within 10 days of receipt of the form. Payment is non-refundable, if the booking is subsequently cancelled. Sponsorship opportunities will be allocated on a first come, first serve basis according to availability.

By signing I confirm that I agree with the above-mentioned terms and conditions.

Date		Print Name	
Signature		Stamp	