



PARTNERSHIP APPLICATION FORM



EUROPEAN BURNS ASSOCIATION

Partnership packages		EUR
EBA Association Partnership <i>See attached letter for detailed information / specifications</i>	<input type="radio"/> BRONZE partner <ul style="list-style-type: none"> ▪ Acknowledgement as EBA sponsor on website ▪ Hyperlink on the EBA site to corporate website ▪ Posting of scientific activities (board approved) on EBA website ▪ 10% rebate on the sponsor contribution for the EBA 2017 congress 	2.500
	<input type="radio"/> SILVER partner <ul style="list-style-type: none"> ▪ Acknowledgement as EBA sponsor on website ▪ Access to website (corporate only pages) ▪ Company logo on EBA congress announcements and communications ▪ Mailing to EBA members for scientific activities via the EBA society office Congress Care (after board approval) ▪ 1 full registration for the EBA congress ▪ 10% rebate on the sponsor contribution for the EBA 2017 congress 	7.500
	<input type="radio"/> GOLD partner <ul style="list-style-type: none"> ▪ Acknowledgement as EBA sponsor on website ▪ Access to website (corporate only pages) ▪ Company logo on EBA congress announcements and communications ▪ Advertisement in the EBA congress program booklet ▪ Mailing to EBA members for scientific activities via the EBA society office Congress Care (after board approval) ▪ 2 full registrations for the EBA congress ▪ Meeting with EBA board representatives (including president and vice-president) during the EBA congress. ▪ Opportunity to have medical need programs or patient-registration studies or patient clinic studies or other scientific activities through collaboration with EBA committees (board approval) ▪ Support of projects or meetings initiated by EBA board or scientific committees can be included in the membership fee ▪ 10% rebate on the sponsor contribution for the EBA 2017 congress 	15.000
TOTAL amount due (excl. VAT)		

Please mark the partnership level you would like to commit to and fill out the total amount. After receipt of the form, you will receive a confirmation and invoice for the requested package..

Please return this application form to Congress Care, attn.: Rob Zikkenheimer, r.zikkenheimer@congresscare.com or fax to +31-73-690-1417

Company:	Telephone:
Contact person:	E-mail:
Address for correspondence:	
Date:	Signature:
P.O.:	
VAT number:	