

## Sponsoring booking form and contract

Please, type or use BLOCK letters  
for clarity

Company name  
.....  
Address  
.....  
City  
.....  
Postal code  
.....  
Country  
.....

### Contact person

Last name  
.....  
First name  
..... Mr. Mrs. Mx. (Please circle)  
Position  
.....  
Phone  
.....  
Mobile  
.....  
Fax  
.....  
E-mail  
.....

We hereby order the Sponsor package

- |                                   |             |
|-----------------------------------|-------------|
| <input type="checkbox"/> Platinum | 12,500 Euro |
| <input type="checkbox"/> Gold     | 9,500 Euro  |
| <input type="checkbox"/> Silver   | 6,000 Euro  |
| <input type="checkbox"/> Start-up | 3,500 Euro  |

Rates are excluding VAT and exclusive of any services or extras.

## Payment

Upon receipt of the completed and signed sponsor package booking and contract form, an invoice will be sent with the banking details. Booking will be confirmed when the 50% down payment has been received. Payment in full must be received by 14th August 2023. The organisers will be free to allocate the space reserved to another sponsor(s) and the deposit forfeited should payment not be received by this date.

All payments should be made by bank transfer in euro only payable to:  
Shift Medical GmbH, Im Neuenheimer Feld 582, 69120 Heidelberg, Germany

### Banking details

Bank name: Sparkasse Heidelberg  
IBAN: DE52 6725 0020 0009 355596  
BIC: SOLADES1HDB

Company name and invoice number must accompany the payment.  
Bank charges are on the account of the sender.

## Cancellation and Refunds

Notification of cancellation or reduction of booked sponsor package(s) must be submitted in writing to the Shift Medical Office. Cancellation or reduction of sponsor package(s) will be accepted until 22th May 2023 with a refund of the total fee less 25% administration fee. No refunds will be made for cancellations or reductions after 31th July 2023. Refunds will be delivered after the congress.

The undersigned ....., authorised representative of the aforementioned company, hereby applies for a sponsor package at the Medical XR Congress and Expo Shift Medical 2023 and hereby agrees to be bound to the terms and conditions.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send the completed form  
→ via email to [sponsoring@shiftmedical.eu](mailto:sponsoring@shiftmedical.eu)  
→ or by post to:

Shift Medical GmbH  
Im Neuenheimer Feld 582  
69120 Heidelberg  
Germany