

# **EXHIBITION & SPONSORSHIP APPLICATION FORM**

ORGANIZATION DETAILS					
COMPANY NAME:		POSTCODE:			
ADDRESS:					
CITY:					
TELEPHONE:		FAX:			
WEB site:		EMAIL:			
VAT REG. NUMBER:		TAX AUTHORITY:			
ORDER PLACED BY:					
TYPE OF PARTICIPATION					
MANUFACTURER				ER	
	VE EDITIONS		BODY		
GROUP PARTICIPATION					
UVENTURE CAPITAL					
REPRESENTATIVES IN GREECE					
NAME:		-			
ADDRESS:	POSTCODE:		CITY:		
TELEPHONE:	FAX:				
	050	Malaa			
EXHIBITION & SPONSORSHIP PACKAGES		Value € 2500		Choice	
Prime Sponsor/Exhibitor Package Exhibition Option		€ 2300			
Startup Exhibition Option		€ 800			
Sponsorship Option 1		€ 800			
Sponsorship Option 2		€ 500			
EXHIBITION & SPONSORSHIP VALUE		€			
PLUS 24% VAT VALUE (Only for		€			
TOTAL AMOUNT PAYABLE				€	
Please fill in (handwritten) you initials					

## Please read and sign the following form:

I, the undersigned representative of the aforementioned company, whose full details appear on the first page of this Exhibition & Sponsorship Application Form, <u>agree to pay the total amount within thirty (30) days</u> <u>after receiving the invoice to the bank account below</u>:

# **BANK ACCOUNT INFORMATION:**

## EXACT NAME AND ADDRESS OF THE ACCOUNT HOLDER:

ACCOUNT HOLDER NAME: EIDIKOS LOGARIASMOS KONDILION EREVNAS A.P.TH.

ACCOUNT HOLDER ADDRESS: KE.D.E.A. – TRITIS SEPTEMVRIOU UNIVERSITY CAMPUS

GR 54636 THESSALONIKI GREECE

V.A.T.: EL 090049627

# NAME AND ADDRESS OF THE BANK BRANCH:

BANK NAME: PIRAEUS BANK S.A.

BANK ADDRESS: AGGELAKI, THESSALONIKI BRANCH

18 AGGELAKI STR.

GR 54 621 THESSALONIKI

GREECE

BANK ACCOUNT NUMBER: 5202-002079-933

CURRENCY CODE: EURO

INTERNATIONAL BANK ACCOUNT (IBAN): GR98 0172 2020 0052 0200 2079 933

#### CODE BIC (SWIFT ADDRESS) (OBLIGATORY): PIRBGRAA

# Please make sure you state your name when transferring your payment. Note that all banking costs are born by the participant.

*IMPORTANT:* You MUST put "YOUR COMPANY'S NAME" and the "EXHIBITOR FEE" in the field "Information" or "Comments" of your bank transfer to validate your Exhibition / Sponsorship!

**PAYMENTS:** All payments have to be made in Euro (€).

**CANCELLATION POLICY:** There is a cancellation fee of 50% of the total payable amount until October 15, 2018. After October 15<sup>th</sup>, there will be no refunds.

 $\Box$  I declare that I have read and agree to all of the Terms and Conditions outlined in this document

Full Name:	Date:
Signature & Stamp:	

Please fill in all your information, sign and stamp the Exhibition & Sponsorship Order. Send the Application Form either by email to the <u>info@ltfn.gr</u> or by Fax: +30 2310 998390.

In case you need further assistance, please contact:

## **Antonios Theodosiou**

9<sup>Th</sup> Workshop EXPO Manager

Nanotechnology Lab LTFN (Lab for Thin Films - Nanobiomaterials, Nanosystems & Nanometrology)

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