

**9<sup>th</sup> Congress of the European Federation of Internal Medicine  
21-24 September, STOCKHOLM, SWEDEN**

**Sponsorship Application**

PLEASE USE BLOCK LETTERS

Name of company	
Contact person	
Address	
City	Phone
Country	Fax
E-mail	VAT No

We want to buy the following sponsorship items:

1.	Price:
2.	Price:
3.	Price:

The fee for the sponsorship item/s is:

**SEK**

**Terms of Payment**

- A deposit of 50% of the total sponsorship fee due will be invoiced once the Application and Contract form is signed and received by Congrex.
- The final payment will be invoiced 3 months before the start of the symposium.
- Non-receipt will automatically result in the release of the reserved space, a forfeiting of the deposit fee and cancellation of the contract.
- All prices are excluding VAT 25%.

**Cancellation Policy**

- Cancellations received in writing 3 months before the exhibition: 50% refund of amount paid.
- Cancellations received in writing later than 3 months before the start of the exhibition: the exhibitor will be liable for the total charge of the application.

**Return this form before 1 February 2010 to:**  
Congrex Sweden AB  
Att. EFIM 2010  
P.O Box 5619  
SE-114 86 Stockholm, Sweden

Phone:	+46 8 459 66 00
Fax:	+46 8 661 91 25
E-mail:	info@efim2010.org

**THIS APPLICATION IS LEGALLY BINDING**

Signature of Applicant

Date

Name printed