

Twelfth International Pharmaceutical Compliance Congress

May 14 - 16, 2018

Hotel Savoyen, Vienna, Austria

Grantor/Exhibitor Application

(All rates in USD)

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

Congress Grantor Options

Grantor Level:

_____ Diamond \$100,000

As a Diamond Level Grantor, please list our company as the sponsor for the _____
(please select two from the event and/or item advertising categories below, \$9,000 value limit)

_____ Platinum \$75,000

As a Platinum Level Grantor, please list our company as the sponsor for the _____
(please select from the event or item advertising categories below, \$6,500 value limit)

_____ Gold \$50,000

As a Gold Level Grantor, please list our company as the sponsor for the _____
(please select from the event or item advertising categories below, \$5,000 Value limit)

_____ Silver \$25,000

_____ Bronze \$12,500

____ Yes, as a Grantor I would like an exhibit space at the Pharma Congress and would like to select:

Booth # _____ 2nd Choice _____ 3rd Choice _____

Advertising Event

_____ Networking Reception \$10,000

_____ Networking Luncheon \$6,500

_____ Continental Breakfast \$4,000

_____ Morning or Afternoon Break \$3,000

Advertising Item

_____ Badge-Holder Necklaces \$5,000

_____ Cyber Café \$5,000

_____ Power Charge Station \$3,000

_____ Registration Desk \$5,000

_____ *Individual Marketing Items - \$3,000 (example: pens, calculators, water bottles, etc.)

*Marketing Item: _____

*Sponsorship fee specified for Individual Marketing Items does not include the cost of the actual items

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Exhibiting

Tabletop Pricing: \$2,995 USD

____ Yes, I would like to purchase an exhibit space at the Congress for \$2,995 and would like to select:

Table # _____ 2nd Choice _____ 3rd Choice _____

Includes: Tabletop space, one (1) complimentary all-access badge to attend the educational sessions, one (1) exhibit hall only badge, post-conference attendee list with physical mailing addresses for a one-time mailing and a company listing on the Sponsors & Exhibitors webpage.

Print Advertising

____ Full Page Ad in Brochure (Color): \$3,000 ____ Registration Table Top Location: \$3,500

____ Full Page Ad in Brochure (Black/White): \$2,200 ____ Handout with Brochure: \$4,500

____ Half Page Ad in Brochure (Color): \$1,800 ____ Plenary Session Seat Drop: \$5,000

____ Half Page Ad in Brochure (Black/White): \$1,100 ____ Hotel Room Drop: \$4,000

Payment Information

____ Check enclosed in the amount of \$_____ USD

(Please make check payable to Health Care Conference Administrators, LLC)

____ Charge to credit card below in the amount of \$_____ USD

Name of Card Holder (Please Print): _____

Card No: _____ Expiration: _____

____ Visa ____ MasterCard ____ American Express

Card Holder's Signature: _____

Exhibiting and Sponsor status is not final until payment is received in full. All fees are non-refundable.

TAX ID# 91-1892021

To submit this form for registration, please use any of the following:

Fax: (206) 673-4823

Email: exhibits@hcconferences.com

Mail: Int'l Pharma Congress Exhibit Office, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187

Signature _____ Date _____

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract and has read and agreed to the Terms and Conditions posted on the conference website at <http://www.internationalpharmacongress.com/terms-conditions/>. Exhibitor/Grantor agrees not to extend invitations, call meetings, or schedule social events, including cocktail hours and/or dinners, involving attendees, or otherwise encourage absence of attendees, other exhibitors, or invited guests at any time during the dates of the event without permissions from the conference organizers.

For more information or any questions related to Sponsorship or Exhibiting, please contact the exhibit office by phone at (206) 673-4815 or email at exhibits@hcconferences.com.