



## REGISTRATION FORM FOR INDUSTRIAL PARTNERS

[www.dimimed-duesseldorf.de](http://www.dimimed-duesseldorf.de)

### REGISTRATION FEES FOR INDUSTRIAL PARTNERS

- INDIVIDUAL PARALLEL WORKSHOP / Additional room / € 5.900,- plus 19% VAT / Includes:
  - The opportunity to present a subject of your choice, to a selected audience
  - 2,5 hours of undivided attention of your target audience
  - Free of charge participation at the conference with three persons, every additional participant - € 350,00 - plus 19% VAT
  - Logo on our Website for at least 10 months
  - Logo in the conference program flyer
  - Naming via PowerPoint Presentation in the auditorium
  - about 2x2 m of effective advertising space for your Roll-up banner stand in the foyer near by the plenum
  - 1/1 advertisement in the format DIN A4 4c, 2nd, 3rd or 4th cover page of the conference program booklet
  
- INDUSTRIAL PRESENTATION / € 1.500,- plus 19% VAT / Includes:
  - Presentation of 15 minutes
  - Free of charge participation at the conference with two persons, every additional participant - € 350,00 - plus 19% VAT
  - Logo on our Website for at least 10 months
  - Logo in the conference program booklet
  - Naming via PowerPoint Presentation in the auditorium
  
- SUPPORT PACKAGE / Foyer - during coffee breaks / € 980,- plus 19% VAT / Includes:
  - Free of charge participation at the conference with one person, every additional participant - € 350,00 - plus 19% VAT
  - about 2x2 m of effective advertising space for your Roll-up banner stand in the foyer near by the plenum
  - One standing table for your booklets
  - Logo on our Website for at least 10 months
  - Logo in the conference program flyer
  - Naming via PowerPoint Presentation in the auditorium
  
- INDUSTRIAL REPRESENTATIVE / € 350,- plus 19% VAT  
Price per participant (The overhead fee covering all extras such as lunch buffet, beverages served during coffee breaks, conference

### PLEASE GET BACK TO US!

Company: .....

Name, First Name: .....

Position / Department: .....

Address: .....

ZIP-Code / City: .....

Tel: ..... Fax: .....

E-Mail .....

Invoice address, if different: .....

  

Date: ..... Signature/Stamp: .....

### CONTACT

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