

Branding request form



Please return the completed and signed order form to
the Congress Secretariat:

20th WFHSS

c/o Congress by design

wfhss2019@congressbydesign.com

Important; The booking of the branding options work on a "first come first served" basis, which means that the sooner we receive your branding request form the more chance there is to secure your preferred branding options!

The booking is only final, once when we received the signed request form and you have received an official confirmation from WFHSS Organizers in writing in return.

Thank you in advance for your understanding and we look forward to welcome you in the Hague for 20th World Sterilization Congress!

My branding option(s):

- | | |
|---|---|
| <input type="checkbox"/> Banner Queen Máxima | <input type="checkbox"/> Associate symposium - 90 minutes |
| <input type="checkbox"/> Doorgates Lobby 1 and 3 | <input type="checkbox"/> Associate symposium - 45 minutes |
| <input type="checkbox"/> Branded pillars | <input type="checkbox"/> Pocket program |
| <input type="checkbox"/> Mobile charger | <input type="checkbox"/> Branded health breaks |
| <input type="checkbox"/> Central staircase Truss | <input type="checkbox"/> Branded water stations |
| <input type="checkbox"/> Central staircase Stickers | <input type="checkbox"/> Promotional material |
| <input type="checkbox"/> Banners Mississippi | <input type="checkbox"/> Display of material near registration desk |
| <input type="checkbox"/> Banners in other rooms | <input type="checkbox"/> Hospitality suites / meeting rooms |
| <input type="checkbox"/> Lectern sign Mississippi | <input type="checkbox"/> Get in touch with the Dutch |
| <input type="checkbox"/> Lectern sign in other rooms | <input type="checkbox"/> Smoothie operator |
| <input type="checkbox"/> Additional sponsor opportunities | <input type="checkbox"/> Other (special requests) _____ |
| <input type="checkbox"/> Delegate bag | |

Company name _____

Booth number

Contact person _____

Street name or P.O. Box _____

Post code _____ City _____ Country _____

Phone number _____ Cell phone _____

email address _____

Name : _____	City: _____
Signature: _____	Date: _____