



ECMSM 2019



PARTNERSHIP - ORDER FORM

Please return this order form to: **INPT SAIC - "ECMSM 2019"**
 by fax: +33(0)5 34 32 31 13
 by post: 6 allée Emile Monso - BP 34038 - 31029 Toulouse cedex 4 - France
 E-mail : ecmsm2019@inp-toulouse.fr

COMPANY NAME:

represented by: M. Mrs Miss
 name: surname:
 address:
 phone: fax : e-mail:

A. BOOTH **Total A :** **900 €**

All taxes included

This option includes:
 * a 9 m² booth with a table, 2 chairs and a board,
 * logo insertion in the congress proceedings and an Internet link of your company on the congress web site :
 www.
 Please send us the logo in jpeg format by mail to ecmsm2019@inp-toulouse.fr
 * registration of one person to the conference (including the conference banquet)
 Please give us the attendant name :
 Name/surname: E-mail:

Other company persons can register at the full participant rate.

I wish to attend the Gala Dinner yes no

B. INTERNET LINK: **Total B :** **500 €**

All taxes included

I wish to have the logo company with an Internet link on the congress web site
 * Internet address: www.
 * Please send us the logo in jpeg format by E-mail to ecmsm2019@inp-toulouse.fr

C. PRINTED MATTER: **Total C :** **500 €**

All taxes included

I wish to insert one document (5 pages maximum) in the congress bag

D. OTHER **Total D :** **..... €**

All taxes included

I wish to participate in the congress organization by sponsoring:
 transport and accommodation expenses of one invited speaker (*at least 500 €*)
 congress bags (*your own congress bag or others as per provider quotation*)
 pens for participants (*your own pen or others as per provider quotation*)
 gala dinner (*at least 5 000 €*)
 USB key (*your own USB Key or other one as per provider quotation*)
 poster award (*at least 500 €*)
 other(s):

TOTAL A, B, C et D: **..... €**

PAYMENT:

by bank transfer copy of the bank transfer joined to this form

by check (*drawn on a French bank*) to the order of "Agent Comptable de l'INPT - ECMSM 2019"

by credit card I undersigned, (cardholder's name),
 authorize INPT to charge my credit card:
 - VISA, EUROCARD ou MASTERCARD (no American Express)
 - N°
 - expiration date/..... (month/year)
 - cryptogram (3 last figures at the back of the card):.....
 - for the amount of:euros

Date : **Signature :**

<p>Bank information: Organism: Institut national Polytechnique de Toulouse INPT - SAIC "ECMSM 2019" SIRET : 19311381800127 Code NAF (APE) : 803 Z "Enseignement Supérieur" VAT Number : FR42193113818</p>	<p>"ECMSM 2019" bank account Bank address: Trésorerie Générale - Place Occitane - 31029 Toulouse Cedex FRANCE Phone : +33 (0)5 61 26 55 35 Bank code: 10071 - Code Guichet: 31000 Account number: 10071 / 31000 / 00001001328 Key : 85 IBAN : FR76 / 1007 /1310 / 0000 / 0010 0132 885 BIC : BDFEFRPPXXX Account name: "INPT - ECMSM 2019"</p>
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**Only written cancellation (by e-mail for example) will be taken into account.
 Reimbursement only until 24th May 2019 (except for 15 € for administrative charge).
 No refund will be made after the 24th of May 2019.**