



# MASTERS OF HEAD & NECK SURGERY

PRETORIA 2019

## REGISTRATION FORM SPONSORSHIP

A sponsoring arrangement will be confirmed in writing between the Masters of Surgery Society Africa secretariat and the sponsoring/supporting entity. Due to space restrictions, the number of sponsors might be limited. Please confirm as soon as possible by e-mail to the secretariat. The agreement and an invoice with payment details will be sent to the sponsoring/supporting entity, and payment will then be expected before the conference. All amounts mentioned in this document are exclusive of VAT. VAT will be added as applicable according to tax legislation. Cancellation notices must be sent in writing to the technical secretariat not more than 30 days after commitment. More information about cancellation policy: [admin@mastersofsurgery.co.za](mailto:admin@mastersofsurgery.co.za).

### CONTACT DETAILS

|                             |                                     |                        |
|-----------------------------|-------------------------------------|------------------------|
| ORGANIZATION / COMPANY NAME |                                     |                        |
|                             |                                     |                        |
| ADDRESS                     | CITY                                | PROVINCE / POSTAL CODE |
|                             |                                     |                        |
| CONTACT PERSON              | EMAIL ADDRESS                       |                        |
|                             |                                     |                        |
| PRIMARY PHONE               | SECONDARY PHONE                     |                        |
|                             |                                     |                        |
| REPRESENTATIVE ATTENDING    |                                     |                        |
| 1.                          | 2.                                  |                        |
|                             |                                     |                        |
| PARKING NEEDED              | CAR REGISTRATION FOR PARKING TICKET |                        |
|                             |                                     |                        |

### SPONSORSHIP AND ADVERTISING OPTIONS

|                          |   |                          |                              |                          |                                     |                             |                |                          |              |
|--------------------------|---|--------------------------|------------------------------|--------------------------|-------------------------------------|-----------------------------|----------------|--------------------------|--------------|
| EXHIBITION PACKAGES      |   |                          |                              |                          |                                     |                             |                |                          |              |
| <input type="checkbox"/> | PLATINUM PACKAGE                        | <input type="checkbox"/> | GOLDEN PACKAGE               | <input type="checkbox"/> | SILVER PACKAGE                      | <input type="checkbox"/>    | BRONZE PACKAGE | <input type="checkbox"/> | BLUE PACKAGE |
| <input type="checkbox"/> | EXHIBITION ONLY PACKAGE                 | <input type="checkbox"/> | MEDICAL SCHOOL / ASSOCIATION | <input type="checkbox"/> | CHARITABLE ORGANIZATION             |                             |                |                          |              |
| <input type="checkbox"/> | ADDITIONAL REPRESENTATIVE PER DAY R1200 | NAME/S:                  |                              |                          |                                     |                             |                |                          |              |
| SPONSORSHIP PACKAGES     |   |                          |                              |                          |                                     |                             |                |                          |              |
| <input type="checkbox"/> | GOLD SURGEONS SPONSORSHIP               |                          |                              |                          | <input type="checkbox"/>            | SILVER SURGEONS SPONSORSHIP |                |                          |              |
| ADVERTISING OPTIONS      |   |                          |                              |                          |                                     |                             |                |                          |              |
| <input type="checkbox"/> | WEBSITE ADVERTISEMENT                   | <input type="checkbox"/> | APP ADVERTISEMENT            | <input type="checkbox"/> | EXCLUSIVE APP ADVERTISEMENT PER DAY |                             |                |                          |              |

### PAYMENT

|  |
|--|
| AMOUNTS  |
| EFT COMMITMENT BY DATE:  |
|  |
| Banking details: Masters of Surgery Africa Africa Investec ..... Branch 580105 Ref: Company Name Please email Proof of Payment to <a href="mailto:info@mastersofsurgery.co.za">info@mastersofsurgery.co.za</a> |

### BOOKING AND CANCELLATION POLICY

FULL PAYMENT DUE 30 DAYS AFTER INVOICING. ALL PAYMENTS MUST BE MADE IN FULL BY 1 MAY 2019. NOTICE OF CANCELLATION MUST BE SUBMITTED IN WRITING TO [ADMIN@MASTERSOFSURGERY.CO.ZA](mailto:ADMIN@MASTERSOFSURGERY.CO.ZA). CANCELLATIONS RECEIVED BY 30 APRIL 2019 WILL RECEIVE A REFUND OF 75% OF FEES PAID. CANCELLATIONS RECEIVED AFTER 1 MAY WILL NOT BE REFUNDED AND ANY OUTSTANDING BALANCE REMAINS PAYABLE.

REGISTRATION FORM SPONSORSHIP

SIGNED:

DATE:

PRINT NAME:

DESIGNATION: