

## **ApplicationForm**

On behalf of the ICEM 2025 Conference Committee your support is appreciated.

Company Name:	
Contact Name:	
Contact Email:	
Position:	Dept:
Office:	Mobile:
Company Address:	
Country:	

Please return the completed form before 01-April-2025 to the Conference Secretariat via <a href="mailto:Emailt

- \*The selection priority of booth location, satellite symposium timeslot, and advertising location is based on:
  - Sponsor Level
  - Time of secretariat receiving the application form and payment.

#### Payment & Confirmation

The order invoice will be emailed to you upon booking. To confirm your sponsorship and/ or exhibition space, full payment is required before the specified date. Electronic Funds Transfer/Credit Card if customers are Canadian. Wire transfer for customers outside of Canada. When sire payments occur; please select "OUR" to avoid banks deducting additional fees for your transfer after completing your payment. Your reservation will only be processed and secured upon receipt of payment.



# ICEM2025

24<sup>th</sup> International Conference on Emergency Medicine Montreal Canada, May 24 - 28

#### All amounts in CDN\$

1. Package Sponsorship *	Price	Quantity	Remarks
	(\$CDN)		
Diamond	\$85,000		
Platinum	\$70,000		
Gold	\$55,000		
Silver	\$40,000		

#### All amounts in CDN\$

2. Singular Sponsored Items	PriceperItem (\$CDN)	Quantity	Remarks
Satellite Symposium (Meet the expert/Lunch)	\$35.000		
Exhibit booth	\$ 6,000		
Lead Retrieval (allows access thru conference app to scan delegate badges)	1=\$400, 2=\$675, Each additional \$250		
Coffee Break	\$10,000		
Lunch Break	\$15,000		
Wellness	\$15,000		
Daily News	\$5000		



### **Payment Information**

VISA omastercard.	AMERICAN EXPRESS			
Credit Card Number:				
Expiry Date:				
CVV:				
Name on card:				
Is this a corporate card?:				
Signature:				