



ICEM2025

24th International Conference on Emergency Medicine
Montreal Canada, May 24 - 28

Application Form

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 **15-March-2025** to the
Conference Secretariat via **Email sponsor icem2025@caep.ca**

*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.



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All amounts in CDN\$

	1. Package Sponsorship *	Price (\$CDN)	Quantity	Remarks
<input type="checkbox"/>	Diamond	\$85,000		
<input type="checkbox"/>	Platinum	\$70,000		
<input type="checkbox"/>	Gold	\$55,000		
<input type="checkbox"/>	Silver	\$40,000		

All amounts in CDN\$

	2. Singular Sponsored Items	Price per Item (\$CDN)	Quantity	Remarks
<input type="checkbox"/>	Satellite Symposium (Meet the expert/Lunch)	\$35,000		
<input type="checkbox"/>	Exhibit booth	\$ 6,000		
<input type="checkbox"/>	Lead Retrieval (allows access thru conference app to scan delegate badges)	1=\$400, 2=\$675, Each additional \$250		
<input type="checkbox"/>	Coffee Break	\$10,000		
<input type="checkbox"/>	Lunch Break	\$15,000		
<input type="checkbox"/>	Wellness	\$15,000		
<input type="checkbox"/>	Daily News	\$5000		



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Payment Information

VISA



mastercard.

AMERICAN EXPRESS

Credit Card Number:

Expiry Date:

CVV:

Name on card:

Is this a corporate card?:

Signature: