## **Sponsorship / Exhibition Application Form**

Please complete in <u>clear block letters</u> and return to:

**ORTRA Ltd.**, PO Box 9352, Tel Aviv 61092, Israel, Tel: +972-3-638-4444; Fax: +972-3-638-4455; Email:

## linac12@ortra.com

We hereby apply for sponsorship and/or exhibition as specified below in **The 26th International LINAC Conference 2012**. We hereby agree to abide by the terms and conditions as detailed in the sponsorship and exhibition packages flyer.

Company's Name		
Contact Person		
Mailing Address		· · · · · · · · · · · · · · · · · · ·
	City and State	
ZIP Code	Country	
Tel	Fax	
E-mail		
1. SPONSORSHIP PACKAGES:		
The selected sponsorship is	n the Sponsorship and	d Exhibition Packages flyer).
We wish to be listed as (please detail in blo	ck letters):	
Name of sponsorship manager		
Total Balance: US\$	+ 16% Vat (For Isra	aelis only)
2. EXHIBITION:  Booth number (1-30)  1st option:	2 <sup>nd</sup> option:	3 <sup>rd</sup> option:
□ Supplement for booth sized		
Total Balance: US\$	+ 16% Vat (For Isra	aelis only)
3. PAYMENT We will make advance payment of 50% of the balance to be paid as per "Terms of Payment Enclosed is a copy of the Bank Draft on th Wire transfer in US\$ to Bank Account. Det no. 780, 45 Yitzhak Sade Street, Tel-Aviv, Isi	t" policy. e amount of US\$ ails are - Ortra Ltd. : E	to: ORTRA Ltd., Bank Hapoalim (swift code POALILIT), Branch
Please charge my credit card: □VISA □MA	STERCARD □AMER	ICAN EXPRESS □DINERS
Card №:		Expiry date Amount US\$
CVV at the Back of the card N	ame of cardholder	
We have read, understood and agree to the Exhibition Terms document:	Terms & Conditions sp	pecified in the LINAC 2012 Sponsors &
Signature and Company stamp	Da	ate