



SAFECOMP 2003 SPONSOR PROGRAMME

-- SPONSORSHIP FORM --

Organisation Details:

Organisation's Full Name: _____

Organisation's Abbreviated Name: _____

Mailing Address: _____

State/Province: _____ Country: _____ Post Code: _____

Email Address: _____

Web Site Address: _____

Telephone Number: _____ Facsimile Number: _____

Field of Industry: _____ Point of Contact: _____

Agreement:

We agree to abide by the terms and conditions of this contract and by any further SAFECOMP rules and regulations. We understand that this contract and its attachments are the sole definition of the benefits of the sponsorship program. We give SAFECOMP permission to use our organisational name and/or logo for the purpose of sponsorship recognition and on any applicable sponsored items. We understand that certain recognition opportunities have specific deadlines and failure to provide timely application/logo/artwork/etc. may result in no exposure for a particular item and failure to provide final payment will result in removal from the sponsorship program. I certify that I am authorised to commit my organisation to this agreement.

Signed: _____ Date: _____

Printed Name: _____

Designation: _____ Telephone Number: _____

About the Sponsorship Benefits:

- ❖ Some items may have specific time constraints and failure to provide timely application/logo/artwork/etc, may result in no exposure for a particular item.
- ❖ Any type of sponsorship will be acknowledged during SAFECOMP.

Type Sponsorship	Benefits	Cost in £ British Pounds
Basic	<ul style="list-style-type: none"> ✓ Link (with name and logo) from the SAFECOMP 2003 web site to organisation's home page. URL: _____ ✓ Inclusion of organisation's flyers in the SAFECOMP 2003 conference pack. ✓ Organisation's name and logo in the SAFECOMP 2003 Final Program (this is conditional to the receipt of payments by 30 June 2003). 	200
Intermediate	<ul style="list-style-type: none"> ✓ Basic's Benefits <li style="text-align: center;">& ✓ Organisation's name and logo in a dedicated section of the LNCS SAFECOMP 2003 proceedings published by Springer-Verlag (this is conditional to the receipt of payments by 30 June 2003). 	400
Advanced	<ul style="list-style-type: none"> ✓ Intermediate's Benefits <li style="text-align: center;">& ✓ One Exhibitor registration, which includes one both space and one SAFECOMP 2003 registration. 	600
<input type="checkbox"/>	<input type="checkbox"/> Contribution in money or in kind, please specify:	
TOTAL		

Payment by Credit Card (preferred method of payment)

Type of Card: ☐ Visa ☐ MasterCard ☐ SWITCH

Card Number:

Card Valid From:

Card Valid To:

Card Issue Number (SWITCH TRANSACTIONS ONLY):

Cardholder's Name (as displayed in the card):

Cardholder's Billing Address:

Amount to be charged (in British Pounds £):

Cardholder's Signature:

Date:

Alternatively by Bank Cheque

Must be drawable on a UK bank. Post the registration form together with a cheque in British Pounds £ currency. Made payable to "*The University of Edinburgh*".

Please return the completed form to the following address:

Massimo Felici
SAFECOMP 2003
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Edinburgh EH9 3JZ, UK

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Fax: +44 131 667 7209
E-mail: massimo.felici@ed.ac.uk