

**WORLD OPHTHALMOLOGY CONGRESS®**

Meeting Dates: June 16-19, 2018

Exhibit Dates: June 17-19, 2018

Fira Gran Via – Barcelona, Spain

Click Here to Submit Via Email



**Contact Information**

Company Name.....

Contact..... Title.....

Tel..... Fax.....

Email..... Web Site .....

Address.....

City..... State/Prov..... Zip/Postal Code..... Country.....

**Invoice Information** VAT TAX: All fees listed DO NOT include 21% VAT. ICO has no control over the VAT charged to ICO participants and only charges the VAT rate that is mandated by Spanish authorities. VAT Tax will be charged upon invoicing if applicable.

Company Name..... VAT Number.....

Contact..... Tel..... Email.....

Address.....

City..... State/Prov..... Zip/Postal Code..... Country.....

**Corporate Support Opportunities**

Opportunity: \_\_\_\_\_ Cost: € \_\_\_\_\_

Opportunity: \_\_\_\_\_ Cost: € \_\_\_\_\_

Opportunity: \_\_\_\_\_ Cost: € \_\_\_\_\_

Opportunity: \_\_\_\_\_ Cost: € \_\_\_\_\_

Please add a supplemental sheet to list additional opportunities. Total Opportunity Cost: \_\_\_\_\_

Deposit and Payment Schedule	Cancellation Penalties
August 31, 2016...10% of total cost	Through August 30, 2016...0% of total cost
August 31, 2016 - January 15, 2017...10% of total cost w/application	August 31, 2016 - January 15, 2017...10% of total cost
January 16, 2017 - February 15, 2018...50% of total cost w/application	January 16, 2017 - February 15, 2018...50% of total cost
On or After February 16, 2018...100% of total cost w/application	On or After February 16, 2018...100% of total cost

**Payment Information**

Payment in full is required no later than February 16, 2018. Failure to make payment does not release the contracted or financial obligation of Corporate Supporter.

**Cancellation Penalties**

An invoice including detailed payment information will be sent by MCI once corporate support application has been accepted and approved.

I acknowledge that as an authorized representative of the above stated Corporate Supporter, I have received, reviewed, and agree that Corporate Supporter will comply with the [Corporate Support Terms and Conditions](#). Corporate Supporter agrees to receive all written and electronic correspondence from ICO and SPARGO, Inc. in reference to the World Ophthalmology Congress and all future ICO events. This corporate support application will become a contract upon Corporate Supporter's authorized signature and ICO's acceptance and approval.

Corporate Supporter Signature..... Date.....

Printed Name..... Telephone.....

**Show Management Use**

Authorized ICO Signature..... Date.....

Account Number..... Support Opportunity.....