

7th European Breast Cancer Conference

Advertisement order form

Please complete and return to the EBCC-7 Conference Secretariat at ECCO,
Avenue E. Mounier 83, B-1200 Brussels, Fax: +32 (0) 2 775 02 00, Email: gertrude.kort@ecco-org.eu

WE WOULD LIKE TO RESERVE ADVERTISEMENT SPACE AT EBCC-7

Company/ Organisation: VAT Number:
 Contact Person:
 Full Address (invoice address):
 Telephone: Fax:.....
 Email:

ADVERTISEMENT OPPORTUNITY OF OUR CHOICE:

Advance Programme/ Call for Abstracts

Outside back cover (*)..... 15,000 EUR

EBCC-7 Programme Book

Outside back cover (*)..... 15,000 EUR
 Inside back cover..... 12,000 EUR
 Inside front cover 12,000 EUR
 Bookmark 12,000 EUR
 Inside page facing table of contents8,000 EUR
 Inside page double spread 7,500 EUR
 Inside page4,500 EUR

EBCC-7 Pocket Programme

Outside back cover (*)..... 15,000 EUR

EBCC-8 First Announcement

Logo on first announcement 15,000 EUR

(**) Prices on this order form are exclusive of Spanish VAT (16%)

(*) no drug related adverts are allowed on the outside covers of the official conference publications

We agree to pay a first deposit of 25% of the total cost of the advertisement opportunity within 30 days of receipt of invoice, a second deposit will be invoiced in June 2009 and the balance to be paid by no later than 5 February 2010.
 We accept the regulations as stipulated in the EBCC-7 Invitation to the Industry and agree to observe and be bound by them.(1)

Signature: Date:

Direct transfer payments should be made to the EBCC-7 account IBAN BE81 7330 4182 5824 held with KBC bank, BIC/Swift Code: KREDBEBB, Chaussee de Wavre, B-1160 Brussels, Belgium stating the number of the invoice. Sender's bank charges are at the expense of the company. Crossed cheques or bank drafts should be made payable to EBCC-7, c/o ECCO – the European CanCer Organisation, Avenue E. Mounier 83, B-1200 Brussels, Belgium and should be sent by registered post for the attention of Thierry Hoppe, Finance Manager.

PAYMENT CAN ALSO BE MADE BY CREDIT CARD

Visa American Express Euro card / Mastercard

Card number:
 Card holder's name:
 Expiry date: Control code:.....

Signature: Date:

(1) This application is legally binding on the company pending its acceptance in writing by the organiser.