PSI 2020 Virtual Conference

Sponsorship Booking Form

Please complete the required information below along with your organisation’s choice of sponsor opportunities. The completed form should be returned to the PSI team at [psi@mci-group.com](mailto:psi@mci-group.com)

By way of completing and returning this form you are committing to the level of spend details in section 2 of the agreement.

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| **SECTION 1 - Sponsor Details** | | | | |
| **COMPANY** | Name |  | | |
| Address |  | | |
| Town/City |  |  |  |
| Postal code |  | | |
| Country |  | | |
| **KEY CONTACT** | Name |  | | |
| Telephone |  | | |
| Mobile |  | | |
| Email |  | | |
| Signature for key contact: | |  | | |
| Signature agreeing to attached General Terms for Sponsorship of the virtual opportunities: | |  | | |
| Please print name: | |  | | |

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|  | **SECTION 2 - Sponsorship opportunities** | | | |
| Option number | | Package or Session only? | If Package, confirm details | Cost GBP exc. VAT |
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| Sponsorship total | |  |  |  |

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| **SECTION 3 – Sponsorship payment** | |
| Please note you can only pay by BACS for your sponsorship | |
| On confirmation of your package an invoice will be raised.  Please enter the invoice address details below if they are different to those listed in Section 1. | |
| Invoice address | Purchase order number |
| VAT Number: | |