

Conference Programme

Specialists in conferences and events management

2019 LUNG Cancer Conference Packages

<p>Main conference sponsorship – (GOLD)</p> <ul style="list-style-type: none"> • Logo* on front of main conference booklet and flyer • Logo* on screen between main conference sessions • An exhibition stand (with wall panels, table, chairs and power) • Lunch and refreshments for THREE exhibition stand representatives • TWO free delegate places to attend all conference sessions • Up to 10 additional delegate places maybe purchased at 20% reduced rate • One piece of A4 literature included in the delegate / speaker packs • Delegate ATTENDANCE list 	<p>£7,500 (+20% VAT)</p>
<p>Catering sponsorship – (SILVER)</p> <ul style="list-style-type: none"> • Logo* on inside cover of main conference booklet • Logo* on screen between main conference sessions • An exhibition stand (with wall panels, table, chairs and power) • Lunch and refreshments for TWO exhibition stand representatives • ONE free delegate place to attend all conference sessions • Up to 5 additional delegate places maybe purchased at 20% reduced rate • One piece of A4 literature included in the delegate / speaker packs • Delegate ATTENDANCE list 	<p>£5,500 (+20% VAT)</p>
<p>Delegate pack sponsorship – (BRONZE)</p> <ul style="list-style-type: none"> • Logo* on screen between main conference sessions • An exhibition stand (with wall panels, table, chairs and power) • Lunch and refreshments for ONE exhibition stand representative • Up to 2 additional delegate places maybe purchased at 20% reduced rate • Delegate ATTENDANCE list 	<p>£3500 (+20% VAT)</p>
<p>Inserts</p> <ul style="list-style-type: none"> • One piece of literature included in the delegate / speaker packs 	<p>£500 (+20% VAT)</p>

Sponsorship Packages

The Royal Marsden Education and Conference Centre

Conference Date:

Conference Title:

Package Chosen:

Please complete details clearly in block capitals.

Prof/Dr/Mr/Ms/Mrs/Miss: Surname: _____

First Name: _____ Male/Female

Job Title:

Company: _____ Town: _____

Full Postal Address: (Please specify whether home [] or work [])

Postcode: _____

Day Tel: _____ Fax: _____

Email:

DECLARATION:

Signature: _____

Date: _____

PAYMENT BY CREDIT CARD OR CHEQUE

I enclose the sum of _____ by cheque made payable to "The Royal Marsden NHS Foundation Trust" **or** by credit / debit card (Visa / Mastercard / Switch only)

Credit Card / Switch Card No:

[] []

Expires: [] [] [] [] Valid: [] [] [] []

Issue no.: [] [] [] []

Security No. (Last 3 digits on back of card) [] [] [] []

Name of Cardholder: _____

Cardholder's Signature: _____

Address of Cardholder (if different from above)

PAYMENT BY INVOICE

Purchase Order Number (if required) _____

Contact name of whom the invoice should be addressed to:

Department:

Organisation:

Direct dial tel no: _____

Fax No: _____

Email: _____

Postal Address:

Please return this form to:

Margaret Ijegbai

**Education and Conference Centre
The Royal Marsden NHS Foundation Trust
Stewarts Grove
London
SW3 6JJ**

Email: margaret.ijegbai@rmh.nhs.uk

Fax: 020 7808 2334