

# WSOF 2017

11 – 13 October  
Limassol, Cyprus

## SPONSORS ACCEPTANCE FORM

I hereby confirm \_\_\_\_\_ participation at the WSOF-2017 with an amount of \_\_\_\_\_.

### **Sponsor's Contact Information:**

Please fill in the fields below and fax or mail the completed form to WSOF-2017 Secretariat along with your reservation payment.

**Company Name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### **We would like to confirm sponsorship:**

- Platinum Sponsor      €5,000.00
- Gold Sponsor            €3,500.00
- Silver Sponsor          €2,500.00

**By signing this form, you agree to the terms and conditions included in the Sponsorship Pack.**

### **Please select method of payment:**

**By bank deposit:**

Bank name: Hellenic Bank

IBAN: CY79 0050 0131 0001 3101 5702 0401

BIC: HEBACY2N

Bank Address: Hellenic Bank, Prodomos Branch (131),25 Prodomos Str.,1095 Nicosia, Cyprus

**By credit card:**

VISA, MASTERCARD

Name on card:.....

Card number:.....

Exp. Date:.....

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_