



COLLABORATION AND SPONSORSHIP PACKAGES

Please choose the sponsorship package for your organization from below. In addition, the **ICUE 2020's organizing committee** also welcomes other ideas on collaborative arrangements such as "joint sessions" or "back to back meetings". Please feel free to discuss with us by email or contact us through our phone numbers.

PLATINUM SPONSOR (220,000 THB)

- Entitled to send 5 delegates
- Each delegate receives a 3-night hotel accommodation
- Display company logo in the plenary hall
- Display company logo in the break-out rooms
- Display company logo in abstract/program booklet
- Receive FREE 9m² allotted exhibition booth, which will include basic amenities: 1 table, 2 chairs and power supply.

GOLD SPONSOR (140,000 THB)

- Entitled to send 3 delegates
- Each delegate receives a 3-night hotel accommodation
- Display company logo in the plenary hall
- Display company logo in the break-out rooms
- Display company logo in abstract/program booklet
- Receive FREE 9m² allotted exhibition booth, which will include basic amenities: 1 table, 2 chairs and power supply.

SILVER SPONSOR (75,000 THB)

- Entitled to send 2 delegates
- Each delegate receives a 3-night hotel accommodation
- Display company logo in the plenary hall
- Display company logo in the break-out rooms
- Display company logo in abstract/program booklet

TECHNICAL COLLABORATOR (125,000 THB)

- Entitled to send 3 delegates
- Receive 2-hour sponsored session
- Display company logo in the plenary hall
- Display company logo in the break-out rooms
- Display company logo in abstract/program booklet

MODES of PAYMENT

Money Transfer

Account Name: **ASIAN INSTITUTE OF TECHNOLOGY**
 Bank Name: Siam Commercial Bank Public Co. Ltd.
 Branch: Thammasat University Hospital
 Address: 95 Moo 8, Klong Neung
 Klong Luang, Pathumthani
 12120 THAILAND

Bank Account: **468-046301-2**
 Swift Code: SICOTHBK
 Reference Code: **ICUE 2020 Sponsorship Fee**

Credit Card

AMEX Master Card VISA Card

Name of Cardholder: _____
 Card Number: _____
 AMEX Private Code No: _____
(Private code is required for AMEX card only)
 Expiry Date: _____
 Signature: _____

Please send this form back to us either by email, post mail or fax. Thank you.

