NATIONALCONGRESS of the Spanish Society of Dental Sleep Medicine

European Academy of Dental Sleep Medicine Annual Meeting

Organized by:

Sponsorship manual

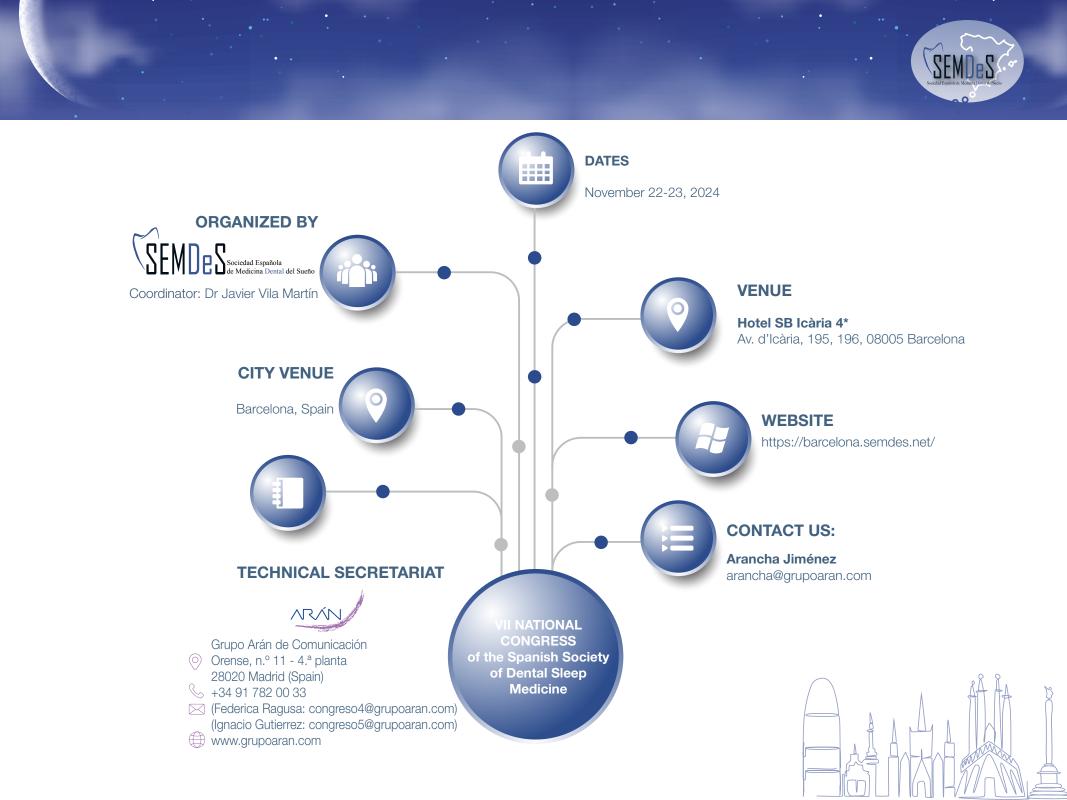


Hotel SB Icaria



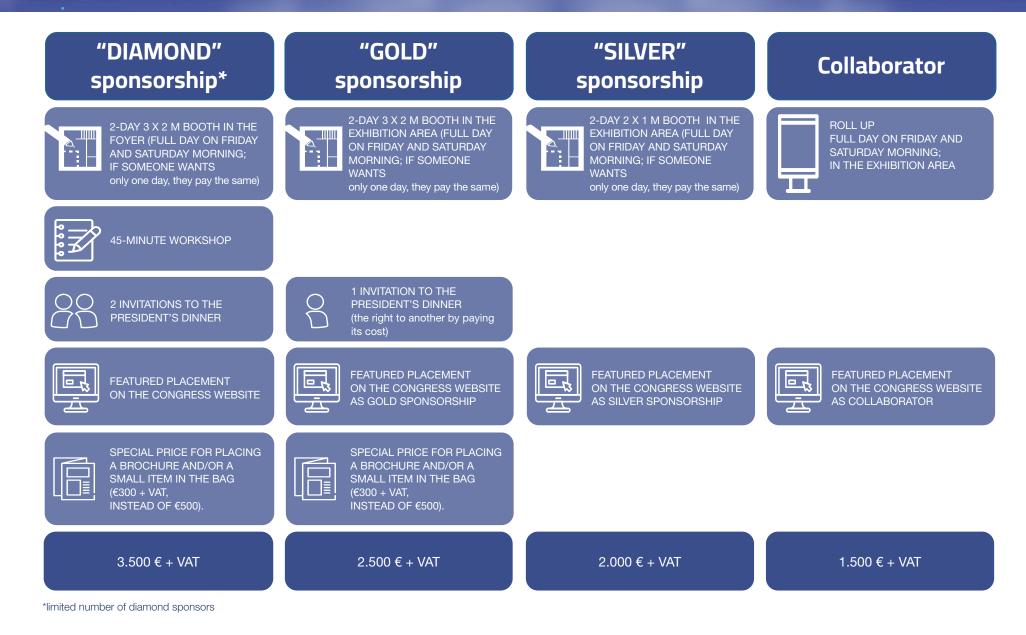
E A D S M EUROPEAN ACADEMY OF DENTAL SLEEP MEDICINE NOVER

2024



SPONSORSHIP OPTIONS





22-23 November 2024

OTHER SPONSORSHIP OPTIONS



CON-SS BAG:	Covers the cost of bags + 1.000 € + VAT	 Right to place the company logo/minitext on one side of the bag and the congress logo on the other. Can include a small item and/or brochure at no additional cost. Bag material must be recyclable: fabric or paper/cardboard. Featured placement on the congress website.
SPONSORSHIP "WORKSHOP	1.500 € + VAT	 45-minute workshop in an adjacent room, parallel to the main program. Featured placement on the congress website. Special price for placing a brochure and/or a small item in the bag (€300 + VAT, instead of €500).
C. C	Cost of ribbons 1.000 € + VAT	 Featured placement on the congress website. Special price for placing a brochure and/or a small item in the bag (€300 + VAT, instead of €500).
GREC NOTEBOOK + F. NOTE- TAK' VERS T' OSI - EBOOKS ND PENS	600 € + VAT	 Right to place the company logo/minitext next to the congress logo. Featured placement on the congress website.

22-23 November 2024



LOGO ON CONGRESS WEBSITE	300 €	 Sponsor logo with the link on the congress website as collaborator 	
INSERTING INFORMATION/SMALL ITEMS INTO THE CONGRESS BAG: BROCHURE IN FOLDERS	500 €	Inserting information/small items into the congress bag	
ROLL UP IN EXHIBITION AREA	850 €	Roll up in exhibition area	
	600 €	Banner displaying sponsor's advert on the conference website	
ADVERTISEMENT IN FINAL PROGRAMME	900 €	Sponsor advertisement in final programme	
2X1 EXHIBITION SPACE IN SPONSORSHIP AREA	1.900 €	 A 2X1 exhibition space in the sponsorship area 2 sponsorship badge (no included access to conferences) Sponsor logo in the final programme and in the event materials Note: The space is exclusive of furnitures, electric supplies or space cleaning. These services may be requested from the Tecnical Secretariat.	



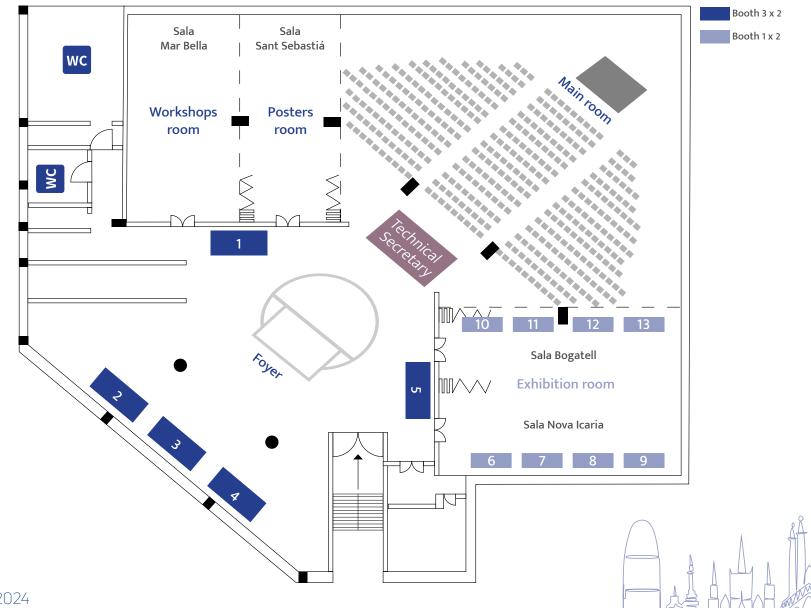
症 LUNCH SIMPOSIO	3.000 €	Sponsor's logo on refreshments tables, conference programme and on the website	
COFFEE BREAKS	1.500 €	Sponsor's logo on refreshments tables, conference programme and on the website	
निः POSTERS AREA	1.800 €	Sponsor's logo on posters area and final programme	
	2.000 €	Welcome sign for the congress attendees. Adicional collaboratotion for sponsors	
	5.000 €	Welcome sign for the congress attendees. Unique collaboration	
SIMULTANEOUS TRANSLATION	3.000 €	Simultaneous translation sponsorship. Simultaneous transla- tion english-spanish of the EADSM blocks	



	2.000 €	Sponsorship of the speakers dinner, which will be held on Nov 21, 2024
GALA DINNER	3.000 €	Sponsorship of the Gala dinner, which will be held on Nov 22, 2024
PHOTOCALL AND SEMDES 3 D	2.000 €	Sponsorship of the Photocall with the logo of SEMDeS and the SEMDeS 3D letters
PRE-CONFERENCE NEWSLETTER: INFORMATION VIA EMAIL PRIOR TO THE CONFERENCE	ASK FOR RATES	Sponsor's logo on newsletter providing information before the conference
TALK MONOGRAPH	ASK FOR RATES	Writing and editing a monograph of one of the event's lecture
PACK OF REGISTRATIONS	ASK FOR RATES	Pack of 10, 5 or 3 registrations



Exhibition area





MANDATORY FORM TO COMPLETING BY ALL EXHIBITORS (IN ORDER TO CONTRACT ALL THE SERVICES)

Please fill in all the information to confirm your participation in the next VII NATIONAL CONGRESS of the Spanish Society of Dental Sleep Medicine

Company:						
	Name:			Tax number:		
	Address:					
	City/town:		Country:		Zip Code:	
	Phone:	Fax:	E-mail:			

SPOT AND POSSIBLE COLLABORATION OPTIONS

- I would like to book the spot number

***It is essential that you send us by e-mail the corporate logo that you wish to appear in the Congress publications in .tiff, .psd or .eps format, with a quality of 300dpi

PAYMENT CONDITION

Once confirmed by the Technical Secretariat, you must send the proof of payment of 50% of the total amount of the reservation. 2 weeks before the event, the remaining 50% will have to be paid. Cancellations will involve 50% of expenses until October 10, 2024. Cancellations received after this date will have 100% of expenses

Signature of the authorized person by the company:

Signed:

CANCELLATION POLICY

Cancellations and name changes must be made in writing by emailing the Technical Secretariat for the conference: **Federica Ragusa: congreso4@grupoaran.com / Ignacio Gutierrez: congreso5@grupoaran.com**

- From 10 October 2024, cancellation will result in the loss of all fees paid.
- Any refunds due will be made after the conference.
- Payment for paper presentations, stands and sponsorship packages must be completed within 15 days of booking. In the event that payment is not received, the Technical Secretariat may cancel the reservation.

In exceptional circumstances resulting in cancellation or postponement or in cases of force majeure:

- In the event that cancellation is requested for reasons pertaining to the participating individual or company, no refunds will be made.
- In the event that the conference is cancelled and no alternative date is provided, all fees will be refunded.
- In the event of postponement due to force majeure or cancellation for public health reasons, all fees will be transferred to the new dates decided by the organisers.
- In the event that the format of the conference changes from in-person to online, options for collaboration that are equivalent to face-to-face collaboration will be evaluated.





FORMS AND PAYMENTS

The payment should be made by:

Bank account transfer:

BANCO POPULAR. Account number: **IBAN ES65 2100 2491 4213 0017 2058 SWIFT: CAIXESBBXXX BANCO: CAIXA** (In this case please send a copy of the transfer confirmation: **(cgarcia@grupoaran.com)**

Billing information	/ISA or MASTERCARD. ation mation, please:			
Name:			Contact:	Phone:
E-mail:				
Billing informati	on (fill in all the gaps):			
Company name	e:	Address:		
Town/ City:	Z	ip Code: Tax number:		
	In case you are paying b The total amount will be charge	by credit card: d directly to your credit card. The receipt ar	nd the bill will be sent to you once	e the exhibition is over.
	Mastercard VISA	Card number:		
	Expires: / CVV:	Name on card:	Signature	e of the person authorized by the company:
		WE WILL NOT ACCEPT ANY ORDERS THAT ARE N	OT RECEIVED TOGETHER WITH THIS FORM	
		The completed forms must be sent GRUPO ARÁN DE COMUI cgarcia@grupoara	NICACIÓN S.L.	

CONTACT INFORMATION



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https://barcelona.semdes.net/

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- www.grupoaran.com