PARTNER AND EXHIBITOR RESERVATION REQUEST



Data of the partner company

Fill in the following information

Business name:		ID number:
Address:		CP:
Town:	City:	Country:
Contact person:		Position:
Phone:	Email:	
Name of the company / b	rand promotion:	

Partnership opportunities

I request the reservation of the following collaboration modality

Platinum (1.100€)	Gold (850€)
Silver (550€)	Bronze (350€)

Booking conditions

You must send this completed, signed and stamped reservation request to the Congress secretariat. The secretariat will confirm the receipt of the reservation to complete and deliver the business collaboration agreement, as well as issue the payment invoice with the reference indicated.

e-mail: ciprea@rfess.es | phone: +34 917 25 22 34

Signed in	, on		, 20
Signature and stamp of the person			
Authorized by the company	Stamp:	Signed:	

The personal data included in this document are confidential. In accordance with the Organic Law on Data Protection and Articles 28 and 29 of Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016 on the protection of physical persons with regard to the processing of personal data and the free circulation of these data, the owner of this data may exercise his right to access his personal data, its rectification or deletion, to the limitation of his treatment, and to oppose it, as well as the right to the portability of the data, as legally provided.

III International Congress on Drowning Prevention