



SPONSORSHIP APPLICATION FORM

Please fill in ALL information below. Incomplete forms cannot be processed.

Application Date:	(DD/MM/YY)		
Contact Name:	Title: (Mr./Ms./Mrs.)	First Name:	Last Name:
Position:			
Organization:			
CEO Name:			
Tel:		Mobile phone:	
E-mail:			
Website:			
Address:			
	City:	Country:	Postal Code:
Billing Name and Address:	<input type="checkbox"/> Same as above		
Tax ID:			
<p>I would like to book the following sponsorship package:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Platinum (\$100,000) <input type="checkbox"/> Diamond (\$50,000) <input type="checkbox"/> Gold (\$30,000) <input type="checkbox"/> Silver (\$12,000) <input type="checkbox"/> Bronze (\$6,000) <p><input type="checkbox"/> I have read and accepted the terms and conditions as listed in the Sponsorship Prospectus.</p> <p>Authorized Signature _____ Name _____</p> <p>Position _____ Date _____</p>			

Please return this form to wfdsa2020@cdmthailand.com

If you require further information please contact the Congress Organizer:

CDM - Conference & Destination Management

Attn: Ms. Patranuch Sudasna

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Email: wfdsa2020@cdmthailand.com

Website: www.wfdsa2020bangkok.com