



PARTNERSHIP 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 partnership package:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Top Partner (\$120,000)</td> <td><input type="checkbox"/> Star Partner (\$70,000)</td> </tr> <tr> <td><input type="checkbox"/> Premium Partner (\$40,000)</td> <td><input type="checkbox"/> Superior Partner (\$20,000)</td> </tr> <tr> <td><input type="checkbox"/> Standard Partner (\$10,000)</td> <td><input type="checkbox"/> Exhibition Booth only (\$5,000)</td> </tr> </table> <p>Exhibitor Badge Names: Note: Two exhibitor passes are included</p> <p>1. _____ 2. _____</p> <p><input type="checkbox"/> I have read and accepted the terms and conditions as listed in the Partnership Prospectus.</p> <p>Authorized Signature _____ Name _____</p> <p>Position _____ Date _____</p>				<input type="checkbox"/> Top Partner (\$120,000)	<input type="checkbox"/> Star Partner (\$70,000)	<input type="checkbox"/> Premium Partner (\$40,000)	<input type="checkbox"/> Superior Partner (\$20,000)	<input type="checkbox"/> Standard Partner (\$10,000)	<input type="checkbox"/> Exhibition Booth only (\$5,000)
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Please return this form to wfdsa2020@cdmthailand.com
 If you require further information please contact the Congress Organizer:
 CDM - Conference & Destination Management
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 Website: www.wfdsa2020bangkok.com