

Sponsors, Exhibitors and Advertisers

Price list (in \$)

SPONSORS*

<input type="checkbox"/> Plenum Speakers***	\$2,500 each
<input type="checkbox"/> Parallel session	2,000
<input type="checkbox"/> 30 minute Keynote lecture	1,800
<input type="checkbox"/> 20 minute presentation within a parallel session	1,000
<input type="checkbox"/> Welcoming Reception	2,000
<input type="checkbox"/> Gala Banquet and Folklore Evening	3,000

EXHIBITORS and ADVERTISERS**

<input type="checkbox"/> Exhibition space (3X2 m) incl. table, 2 chairs, electric socket	1,500
<input type="checkbox"/> Back cover of Program & Book of Abstracts	1,500
<input type="checkbox"/> Inside back cover of Program & Book of Abstracts	1,000
<input type="checkbox"/> Insert or page in Kit or Program & Book of Abstracts	800
<input type="checkbox"/> Participant Kits (supplied by sponsor)	-
<input type="checkbox"/> Pens	500
<input type="checkbox"/> Pad of Paper	500

* All sponsors will be acknowledged in various publications about the Conference and their logos will appear on the conference website with a link to their website as well as being screened in all lecture halls prior to and between lectures.

** Exhibitor logos will appear on the conference website with a link to their website.

*** Includes r/t airfare, hotel accommodation, registration and all social events.

Application for Exhibit Space, Sponsorship and Advertising

Please return application form to: Dr. Henry Horwitz, Exhibition Manager, ISAS International Seminars
POB 34001, Jerusalem 9134001, Israel Tel: 972-2-6520574; Fax: 972-2-6520558; email: congress@isas.co.il

Name of company: _____ Contact Person: _____

Postal address: _____ email address: _____

Tel: _____ Fax: _____

Represented in Israel by _____

We wish to order the above checked items

We wish to participate in the exhibition in the framework of the ART & Archaeology 2016 Conference, and would like to book stand(s) no: _____ and/or no: _____ and/or no: _____ totaling: _____ sq.m.

We enclose a check for \$_____ which is 50% of the total payment and includes 17%VAT.

Charge our credit card: VISA DINERS M/C AMEX Number _____
Expiration _____ 3-4 Digit Security code _____

We undertake to pay the balance before November 9, 2018.

Description of products/services - 100 words (for publication in official program - *send via email*)

Special requirements: _____

WE HAVE READ THIS NOTIFICATION AND AGREE TO THE RULES AND REGULATIONS.

Date: _____ Name: _____ Signature: _____