



## SUPPORT FORM

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Invoicing Company Name:

VAT / TAX Number:

Contact\*:

Email:

Phone:

Address:

City, State, ZIP Code:

Country:

\*This is the person we will contact to coordinate the sponsorship.

Specify here your sponsorship option:

Please remit the Sponsorship Support Form to:

atlantacongress

congressbcn@atlanta.es

+34 93 367 247 10

**Many Thanks for your participation!**

The packages can be booked additionally to the participation in the exhibition (but also exclusively).