

EXPODRONICA Theatre PRESENTER REQUEST FORM

Complete and return this Request Form to Isabel at isabel@expodronica.com and copy sandra.strickland@atca.org, deborah.brice@atca.org and aboriceanu@kenes.com for scheduling and payment processing

COMPANY INFORMATION

Point of Contact Name : _____

Billing Company Name: _____

VAT #: _____ Are You VAT EXEMPT? YES NO

Billing Email Address: _____ Phone #: _____

Billing Address Line 1: _____

Billing Address Line 2: _____

City: _____ State: _____ Postal Code: _____

I CONSENT TO HAVE MY PRESENTATION PUBLISHED

PRESENTER THEATER SELECTION - **Provide preferred Time slot, and alternate time slots**

REQUESTED Day _____ Requested Time Slot _____

REQUESTED Day _____ Requested Time Slot _____

REQUESTED Day _____ Requested Time Slot _____

The cost PER 20min time slot is €550 + VAT until 29 April 2022. AFTER 29 April 2022, the cost PER 20min time slot is €1100 + VAT.

Amount: € _____ + VAT (21%) _____ = AMOUNT DUE: € _____

INVOICE INVOICE IN US DOLLARS PAY VIA WIRE PAY VIA CREDIT CARD
(a 2.5% processing fee will apply)

PAYMENT AND CANCELLATION POLICY

Presenter time slots will NOT be confirmed until payment in full has been received. Presenters will receive an Invoice after submission of their Presenter Request Form. PAYMENT TERMS ARE NET 10 DAYS. If payment is not received within the 10 day window, the requested Presenter time slot(s) will be released. **NO REFUNDS WILL BE ISSUED FOR CANCELLED PRESENTATIONS.**

If paying by credit card, please complete and return the attached Credit Card Authorization Form with your Presenter Request Form. Please note that a 2.5% credit card processing fee will be charged. If paying by wire, please include the Invoice # and your Company Name in the description field of the wire transaction form.

Signature: _____ Date: _____