**Exhibition & Advertisement Application Form**

**※ Please mark "V" on the □ of your option.**

**※ After filling out this application form, please send it to the office of the Society along with a copy of your business registration certification**

|  |  |
| --- | --- |
| **Company name** |  |
| **Name of the company representative** |  | **Business registration No.**  |  |
| **Address** |  |
| **Person in charge** | **Name** |  | **Dept. & Position** |  |
| **Phone** |  | **Mobile Phone.** |  |
| **Fax** |  | **E-mail** |  |
| **Sender’s information****(Same as above □)** | **Name** |  | **Expected transfer date** |  |
| **Phone** |  | **E-mail** |  |
| **Information for the issuance of an e-tax invoice****(Same as above □)** | **□ Immediate issuance of the invoice** **□ Issuance of the invoice on the date of receipt of payment** **□ Issuance of the invoice on the requested date (Month: Day: )****□ Other requests ( )***\* Please fill in each item and provide accurate information for the issuance of the tax invoice.**\* For inquiries on the issuance of tax invoices and requests, please contact the secretariat*  |
| **Name** |  | **Estimated payment date** |  |
| **Phone**  |  | **E-mail** |  |

|  |  |
| --- | --- |
| **Type of Sponsorship***\* VAT inclusive* | 1) Diamond [KRW 132,000,000] □ 5) Basic [KRW 8,800,000] □2) Platinum [KRW 88,000,000] □ 6) Start-up [KRW 6,600,000] □3) Gold [KRW 66,000,000] □ 4) Silver [KRW 27,500,000] □ |
| **Advertisement** *\* VAT inclusive* | **On Program Book**1. the inside front cover (second cover) □ KRW 1,650,000

(for Platinum Sponsor)1. the inside back cover (third cover) □ KRW 1,100,000

(for Platinum Sponsor)3) the outside back cover (fourth cover) □ KRW 2,200,000(for Diamond Sponsor)4) inside page □ KRW 770,000 |
| **E-Abstract Book**inside page □ KRW 770,000 |
| **Promotion Item** | 1. Drug □ ② Medical device □ ③ Others □

▶ Main promotion item: ▶ Brief description about the main promotion item: |

If there are any changes in the information given in the application form after submission of the application form, please be sure to contact the secretariat office (secretariat.kprs@innon.co.kr)

Date: \_\_\_\_\_\_\_\_\_(month) \_\_\_\_\_\_(day), 2025

Company name:

 Name of the company representative: (Signature)

**To Korean Society of Plastic and Reconstructive Surgeons**