



## SPONSOR AGREEMENT

### IADC Drilling HSE&T Europe 2020 Conference & Exhibition

16-17 September 2020, Amsterdam Marriott Hotel Amsterdam,  
The Netherlands

**Yes, I would like to sponsor the IADC Drilling HSE&T Europe 2020 Conference & Exhibition;**  
(Please check the box of the sponsor package of your choice)

- |   |          |                                       |                                       |
|---|----------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diamond Sponsor      | € 25.000 |                                       |                                       |
| <input type="checkbox"/> Platinum Sponsor     | € 15.000 |                                       |                                       |
| <input type="checkbox"/> Gold Sponsor         | € 12.000 |                                       |                                       |
| <input type="checkbox"/> Silver Sponsor       | € 7.500  |                                       |                                       |
| <input type="checkbox"/> Luncheon Sponsor     | € 6.500  | <input type="checkbox"/> 16 September | <input type="checkbox"/> 17 September |
| <input type="checkbox"/> Coffee Sponsor       | € 5.000  | <input type="checkbox"/> 16 September | <input type="checkbox"/> 17 September |
| <input type="checkbox"/> Reception Sponsor    | € 12.000 |                                       |                                       |
| <input type="checkbox"/> Audio Visual Sponsor | € 4.000  |                                       |                                       |

Sponsor Name on Marketing Materials: \_\_\_\_\_

Company Website: \_\_\_\_\_

Billing Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

Office Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Office Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment information:** *Payments must be made upon receipt of the invoice that you will receive after signing this agreement. Wire transfers or credit cards are acceptable. Please include a € 20 wire transfer fee for all wire transfer payments.*

Please check the payment method of your choice:  Wire Transfer    **Credit Card:**  MasterCard     Visa     AMEX

<b>CREDIT CARD PAYMENT</b>	Credit Card Number:.....Exp.Date:.....CVV:.....	
	Cardholder Name:.....E-mail:.....	
	Cardholder Address:.....	
	City:.....State:.....ZIP:.....Country:.....	
	Phone:.....Signature:.....	
<b>WIRE TRANSFER</b>	<b>IADC, the Netherlands</b> Rabobank Nijmegen, PO Box 144, 6500 AC Nijmegen, the Netherlands Acct. Name: In-Act Marketing & Organization, inzake IADC Netherlands Acct. No. 1358.53.206 Bankcode 1378 Swiftcode: RABONL2U Ibannumber: NL38RABO0135853206 VAT: NL8561.55.809.B01	<b>Please assist us in tracking your payment by including the word "SPONSOR" and referencing "NS20" on your bank draft form and include a 20 Euro processing fee for all wire transfer payments.</b>

**Please return this form to: europe@iadc.org / Phone: +31.24.675.2252**