



25 - 27 March 2009, Sinaia
Auditorium Hall - International Hotel

Investigation and Risk-Based Remediation of Contaminated Soil

- strategies and techniques for the oil & gas industry -



Participation Form

Company _____
 Registered at _____ no _____
 Fiscal Code _____ Bank _____
 Bank Account _____ Address _____
 E-mail _____ Phone/Fax _____

1.Participant _____ Job Title _____
 2.Participant _____ Job Title _____
 3.Participant _____ Job Title _____
 4.Participant _____ Job Title _____
 5.Participant _____ Job Title _____

Participation fee - includes the *Conference's Package*

- Accommodation in single room _____ **370 Euro***
- Accommodation in double room (place in double, with another participant) _____ **340 Euro***

** for more than 3 participants from the same company – one advertising page bonus (A4 format)*

Promotion fee:

- **In the Conference's Catalogue**
 - 1 advertising page, A4 format _____ **55 Euro**
 - 2 advertising pages, A4 format _____ **90 Euro**
- **Distribution of advertising materials** _____ **40 Euro**

The Conference's Package includes:

- Access to the information presented during the Conference's works
- Company's promotion, through a brief description, inside the Conference's Catalogue *
- Conference's folder (includes the Conference's materials)
- Coffee breaks, two breakfasts, two lunches, cocktail, dinner
- Accommodation – 25 – 27 March 2009 (two nights); The accommodation will be provided on 25 March 2009 at 14.00 hours until 27 March at 12.00 hours.

** the company's brief description includes company's presentation + contact data (2.000 characters) and company's logo. The deadline is 27 February 2009.*

The payment method is by bank transfer to:

Meda Consulting
RO06BPOS30006400543EUR01
BANCPOST Prahova ; Fiscal Code: RO 19156435; Swift Code: BPOSROBU

Please, send us the Participation Form by fax: +40 344.801.888,
 or by e-mail: office@medaconsulting.ro

***This Participation Form represents the contract. The fee will not be returned if you don't participate.
 The participation can be canceled before 18 March 2009.**

Company _____ Date _____

Authorized signature and stamp _____



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Partnership Package

- form -

Company _____ Registered at _____ no _____ Fiscal Code _____ Bank _____ Bank Account _____ Address _____ E-mail _____ Phone/Fax _____	
1. Participant _____ Job Title _____ 2. Participant _____ Job Title _____ 3. Participant _____ Job Title _____	
<p>The Partnership Package value is 2500 Euro and includes:</p> <ul style="list-style-type: none"> ▪ Acces to the Conference's works ▪ Free participation at the Conference's works for three representatives of the company ▪ Accommodation in single rooms for the company's representatives (two nights - 25 - 27 March 2009) ▪ Conference's folder ▪ Coffee breaks, two breakfasts, two lunches, cocktail, dinner ▪ Distribution of promotional materials during the Conference's works ▪ Banner-up or spider in the Conference's Hall ▪ The company's logo on the Conference's website at <i>Partners</i> section, linked to the company's website ▪ The company's logo on the Conference's banner at <i>Partners</i> section ▪ The company's logo on the Conference's advertising page, wich will be promoted in the speciality magazines ▪ The company's logo on the 4th cover of the Conference's Catalogue at <i>Partners</i> section ▪ Two A4 advertising pages inside the Conference's Catalogue ▪ Data base with the participants ▪ Meetings with participants at the Conference (B2B) ▪ Presentation table during the Conference 	
<p><i>The payment method is by bank transfer to:</i></p> <p>Meda Consulting RO06BPOS30006400543EUR01 BANCPOST Prahova ; Fiscal Code: RO 19156435; Swift Code: BPOSROBU</p>	
<p>Please, send us the Participation Form by fax: +40 344.801.888, or by e-mail: office@medaconsulting.ro</p>	
<p>*This Participation Form represents the contract. The fee will not be returned if you don't participate. The participation can be canceled before 18 March 2009.</p>	
Company _____ Date _____ Authorized signature and stamp _____	