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**Application for Sponsorship COINN 2024**

**Please complete the form below.**

**ompany Details**

Company:

Address:

ZIP Code: City:

Country:

Tel: Email:

Contact Person:

**A: Sponsorship Opportunities**

Sponsorship and/or item/s requested

1. DKK

2. DKK

3. DKK

4. DKK

Total Sponsorship Spend (incl VAT) DKK

**B. Exhibition Space Preferences**

Please indicate your preferences in terms of the area you’d like to be positioned within the exhibition area:

1.

2.

3.

We, (Company name), apply for sponsorship in accordance with the terms and conditions set out in the prospectus.

Signed: Date:

Please forward this form to: **coinn2024Aalborg@rn.dk**