

SPONSORSHIP APPLICATION

Please complete all fields and sign electronically or attach scanned signature.

COMPANY INFOR	RMATION			
Company Name:				
Street Address:				
City:	State:	Zip Code:		
Country:				
VAT/GST Number:				
Website:				
CONTACT INFOR	MATION			
			T and NI	
Title: E-mail:	First Name:	Telephone:	Last Name:	
SPONSORSHIP LE	EVEL			
DIAMOND	GOLD	SILVER	START-UP	OTHERS
PAYMENT INFOR	MATION			
Total sponsorship:				
The ICPR 2026 SThe payment is d				pplication.
AUTHORIZED SIG	SNATURE			
Name (Print):				
Date (mm/dd/yyyy):				
Signature (type or atta	ch image):			

SUBMIT APPLICATION TO: sponsors@icpr2026.org

Digital signatures are accepted.