



**International Federation  
of Clinical Neurophysiology**  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823  
Phone: +1 414-918-9816  
Email: [info@ifcn.info](mailto:info@ifcn.info) Website:  
<http://iccn.ifcn.info/>

## 2026 Congress Exhibitor/Sponsorship Booking Order Form

(Please print clearly and as you would like it to appear in printed materials.)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

### Main Contact:

Each exhibitor/sponsor must assign one person to be their representative in connection with exhibit booth set-up and dismantling and/or sponsorship logistics.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. OVERALL SPONSORSHIP PACKAGE (select category)

Platinum     Diamond     Silver     Other: Please describe    **Amount: \$** \_\_\_\_\_

### 2. EXHIBIT TABLE (select category)

**Amount: \$** \_\_\_\_\_

Basic (D)     Standard (C)     Progressive (B)     Innovative (A)     Other: Please describe

Extra Exhibitor Attendee Badge \$500 (ea)/maximum of 5     Other (please describe) \_\_\_\_\_

Exhibit Attendee Badge Full Name w/Designation	Email
1. _____	_____
2. _____	_____
3. _____	_____

Preferred Booth location:     Hall Grau     Hall Barahona     Other: \_\_\_\_\_

If possible, please do not locate our booth near the following company(ies): \_\_\_\_\_

I confirm that I have received, read and understand the Exhibitor Manual provided by CCCI. Manual to be provided by Contactica.

### 3. SPONSORSHIP OPPORTUNITIES

**Amount: \$** \_\_\_\_\_

- Photo Wall     Poster Hall     Registration Area     Registration Materials  
 Screens – Digital Sign     Transportation Coupon     Water Station Refill     Website  
 Wi-Fi     Other: Please describe

### Academic

**Amount: \$** \_\_\_\_\_

- Lunch Symposium - Congress     Lunch Symposium - Workshop     Parallel Symposia     Technology Showcase  
 Other: Please describe

### Social Activities

**Amount: \$** \_\_\_\_\_

- Coffee Break     Faculty Dinner     Gala Reception     Lunch – Congress     Novelty Break  
 Transportation to Gala or Faculty Dinner (Bus)     Welcome Reception     Other: Please describe

**4. PRINCIPAL PRODUCTS** of sponsor/exhibitor to be shared/displayed; please select category:

- Pharmaceuticals       Instruments       Equipment       Scientific/Medical publications  
 Cosmetic/Skin care       Physician recruitment       Non-profit       Products/Services non-medical  
 Other (please specify): \_\_\_\_\_

**5. COMPANY LOGO:** Exhibitors and Sponsors should submit/upload their company logo in a high-resolution format (i.e. PDF, JPG, EPS, etc.) to be used on the ICCN website and materials where noted or appropriate in relation to the Congress. Submit logo to [Angela.orozco@contacticacomunicaciones.com](mailto:Angela.orozco@contacticacomunicaciones.com) and [info@ifcn.info](mailto:info@ifcn.info) by July 1, 2026.

**6. PAYMENT** Make check payable to International Federation of Clinical Neurophysiology (ICCN) (US Funds drawn on a US bank only) or provide credit card information (Visa, MasterCard, or American Express). See below for address.

**Agreement Terms and Conditions**

You are hereby authorized to reserve space for the organization listed above in the exhibition of the 2026 ICCN Congress to be held Tuesday-Saturday, September 8-12, 2026, at the Centro de Convenciones Cartagena de Indias Convention Center in Cartagena, Colombia. We understand that the assigned space will be rented at the rate quoted in the Exhibitor Information. We understand further that all space must be paid for in full on or before August 8, 2026. If the assigned space/sponsorship is not paid for in full by the specified date, it may be reassigned to another sponsor without notification, at the discretion of the ICCN.

Hold Harmless Clause: The exhibiting organization assumes the entire responsibility and hereby agrees to protect, indemnify, defend and hold the International Federation of Clinical Neurophysiology (ICCN), the venue, and their employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence of the venue and its employees and agents.

In addition, the exhibitor acknowledges that the International Federation of Clinical Neurophysiology (ICCN) and the venue do not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor. Exhibitor shall not be liable for any failure of or delay in the performance of this Agreement for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to acts of God, war, strikes or labor disputes, embargoes, government orders or any other force majeure event.

Photography Release: This confirms the agreement between you and ICCN, regarding your participation in the 2026 ICCN, in which you may be photographed. You hereby agree that ICCN may use these photographs on its website or in other official printed publications without further consideration. You acknowledge the right of ICCN to crop or treat the photographs at its discretion. You also acknowledge that the ICCN may choose not to use your photo at this time but may do so at its own discretion at a later date.

Authorized Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed Booking Order to:**

IFCN – ICCN2026  
International Federation of Clinical Neurophysiology  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202 USA  
Phone: +1-414-918-9816  
Email: [info@ifcn.info](mailto:info@ifcn.info) or [kuy@ifcn.info](mailto:kuy@ifcn.info)

**Note:** Please keep a copy of this Booking Order for your records.