

SPONSORSHIP CONTRACT

Please return this form by fax to +34-971-173003 or by mail to the *AE2004 conference chair*, attn. *Albert Llamosí*, University of the Balearic Islands, Dept. of Mathematics and Computer Science, E-07122 Palma de Mallorca, Spain

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Sponsor Registration Data

Company Name:

Address:

City:

State:

Country:

Zip/Postal Code:

Contact Person

First Name:

Last Name:

Affiliation:

Phone:

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Level of Sponsorship:

(according to the classification on page 3 of the accompanying *Call for Sponsors*)

☐ Supporter

☐ Sponsor

☐ Industry Sponsor

Kind of Sponsorship:

(description of the services or goods donated through sponsorship)

Date:

Signature:
