ICAPS 2020

June 14-19, 2020

Nancy, France

Sponsorship form

(Acting as sponsorship agreement)

(Please complete the form and return by email to Anne-Lise.Charbonnier@inria.fr)

|  |  |  |  |
| --- | --- | --- | --- |
| Name / Nom |  | | |
| Job title / Fonctions |  | | |
| Organisation |  | | |
| Address / Adresse |  | | |
|  |
| Town / Ville |  | Country / Pays |  |
| Phone / Téléphone |  | Email / Courriel |  |

**Level of Sponsorship (all amount is in Euro, VAT Excluded)**

|  |  |  |
| --- | --- | --- |
| Gold Sponsorship | 5000 € |  |
| Silver Sponsorship | 2500 € |  |
| Bronze Sponsorship | 750 € |  |

We agree to financially support the 30th International Conference on Automated Planning and Scheduling

“**Icaps 2020**” will take place in Nancy, France from June 14th to 19th, 2020 for an amount of €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and pay money to the Inria Research institute.

**Date and signature: Company stamp**

*General Conditions*

*Inria is the financial conference organizer. All grants will be paid to Inria.*

*All prices are in euro (€) and exclude VAT.*

*Payment Information :*

*❑ Direct wire transfer / Transfert bancaire*

|  |  |
| --- | --- |
| *Wire transfer details (Must be transferred in Euros funds)/*  *Références bancaires nécessaires pour le virement (à effectuer en euros uniquement)* | |
| *Bank name / nom de la banque* | *Tresor Public* |
| *Beneficiary / bénéficiaire* | *INRIA Agence Comptable* |
| *SWIFT - BIC code* | *TRPUFRP1* |
| *IBAN (International Bank Account Number)/* *Identifiant international de compte bancaire* | *FR76 1007 1780 0000 0010 0395 848* |
| *Physical address* | *INRIA Nancy - Grand Est*  *615, rue du jardin botanique*  *F-54600 Villers-lès-Nancy* |

*Invoice details / Détails pour la facture*

*❑ Please invoice the following person/organisation / merci d’envoyer une facture à la personne/organisation:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Receiver organisation Name / Organisme destinataire* |  | | |
| *Receiver contact Name / Nom du destinataire* |  | | |
| *Reference to be mentionned / Référence à mentionner* |  | | |
| *Receiver Address /Adresse du destinataire* |  | | |
|  | | |
| *Town / Ville* |  | *Country / Pays* |  |
| *Phone / Téléphone* |  | *Email / Courriel* |  |