

Webcast on Demand Order Form

Please use one form per recorded session. To order more than one recorded session, please duplicate the form and complete as necessary for each additional session.

WEBCAST ON DEMAND ORDER (for recordings made using cLive online presentation tool)

Session Title/Name	
Session Number	
Date	
Time	
Room	

CONTENT FORMAT (please choose one)	Output format:	Online	Offline
Option I: FULL - Webcast on Demand (WoD) incl. speaker video Option I includes speaker's audio and video synchronized with PowerPoint	EUR 4.750,00	<input type="checkbox"/>	<input type="checkbox"/>
Option II: LITE – Webcast on Demand (WoD) excl. speaker video Option II includes static speaker image synchronized with audio and PowerPoint (requirement for both options: pre-set event laptop must be used; in case other hardware is used video-editing hours will occur)	EUR 3.750,00	<input type="checkbox"/>	<input type="checkbox"/>

FOR LEAD TRACKING AND RETRIEVAL SYSTEMS, PLEASE SEE SEPARATE BROCHURE

ADDITIONAL OPTIONS

Offline Webcast in mp4-format provided as download link (Please mark this option in case you have marked the online option above and wish to purchase an offline version of your webcast)	EUR 1.000,00	<input type="checkbox"/>
Video-Files-Only (un-edited, in best possible quality)	EUR 1.000,00	<input type="checkbox"/>
Video-Editing during post-production process	EUR 95,00/hour	<input type="checkbox"/>
TOTAL	EUR	

ADDITIONAL PUBLICATION PLATFORMS (please contact your ESMO contact about these options)

Webcast should be included to **ESMO oncologyPRO®** (for oncologyPRO® sponsor only)

Webcast should be included to **ESMO's Conference Platform**

INVOICE RECIPIENT

Company

Contact person

Email

Address

Phone

VAT (UID) Number

PAYMENT

Credit Card: VISA MASTER CARD AMERICAN EXPRESS (AMEX)

Number

Exp. Date

Name

CSC/CVV*

*CSC/CVV security codes: For Visa/MasterCard the CSC/CVV code is the last 3-digits of the number shown on the back of your card, on or above your signature line. For AMEX cards, it is the 4-digit code appearing on the FRONT of your card, above the end of your card number.

Bank Transfer:

IBAN: AT 4432 000 000 08111304

Swift: RLNWATWW

Bank: Raiffeisenlandesbank Niederösterreich-Wien AG
F.W. Raiffeisen-Platz, A-1020 Wien

By signing below, I confirm the order of the above Webcast and/or additional Options, and accept CTI's General Terms and Conditions, including cancellation restrictions. I understand CTI Meeting Technology will collect payment prior to the event. If for any reason payment cannot be collected, my order will be invalidated.

Signature

Location / Date of Signature

Please return the signed form to: +43 1 319 69 99 33 or esmo@ctimeetingtech.com