

## 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)

#### Option I: FULL - Webcast on Demand (WoD) incl. speaker video

Option I includes speaker's audio and video synchronized with PowerPoint

#### 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)

**FOR LEAD TRACKING AND RETRIEVAL SYSTEMS, PLEASE SEE  
SEPARATE BROCHURE**

### Output format:

Online

Offline

EUR 4.750,00

☐
☐

EUR 3.750,00

☐
☐

### 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

☐

#### Video-Files-Only (un-edited, in best possible quality)

EUR 1.000,00

☐

#### Video-Editing during post-production process

EUR 95,00/hour

☐

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](mailto:esmo@ctimeetingtech.com)