



**SPONSORSHIP AGREEMENT**  
**N° xxxx/x/IUPAB**

**AGREEMENT BETWEEN:**

**EVENT ORGANISER**

to fill in

**SPONSOR**

IUPAB, represented by  
Professor Patrick J. Cozzone  
IUPAB Treasurer  
Faculté de Médecine de Marseille  
27 Boulevard Jean Moulin, 13005  
Marseille, France

**EVENT DETAILS**

name, location, dates etc.

**DESCRIPTION**

*Contribution of US\$ XXX to be used to support the travel and living costs of students participating to the above mentioned scientific event.*

The organizers will:

- Display the IUPAB logo on the conference webpage and acknowledge IUPAB financial support on all documents
- Display the IUPAB logo on the program and all related documents
- Follow the guidelines of IUPAB for the use of funds and financial reporting of reimbursement of expenses for selected participants

Signed by:

.....

fill in and sign

.....

Professor Patrick J. Cozzone  
IUPAB Treasurer  
Faculté de Médecine de Marseille  
27 Boulevard Jean Moulin, 13005 Marseille,  
France

date:

date: