[E-mail to] cinp2024-sponsor@convention-plus.com
To CINP/JSNP/JSCNP2024 Local Secretariat Office
c/o Convention Plus, Inc.
Tel. +81 (0)3-4355-1141

35th CINP World Congress of Neuro-Psychopharmacology (CINP2024)
Joint Meeting of 54th Annual Meeting of Japanese Society of Neuropsychopharmacology (JSNP2024)
and 34th Annual Meeting of Japanese Society of Clinical Neuropsychopharmacology (JSCNP2024)

Co-sponsored Seminar Application Form

Date

Company name		
Address		
Contact Personnel	Name	TEL
	Department	FAX
	E-mail Address	

◇Session Type ☐Luncheon Seminar ☐Sponsored Symposium
☐Meet the Expert ☐Morning Seminar

◇Room Cord (ex: A-350) _____

◇ Preferred day First choice _____

Second choice _____

◇Seminar content (Seminar content is subject to approval by the Congress Program Committee)

Theme	
Chair	
Speaker	

◇Note

[E-mail to] cinp2024-sponsor@convention-plus.com
To CINP/JSNP/JSCNP2024 Local Secretariat Office
c/o Convention Plus, Inc.
Tel. +81 (0)3-4355-1141

35th CINP World Congress of Neuro-Psychopharmacology (CINP2024)
Joint Meeting of 54th Annual Meeting of Japanese Society of Neuropsychopharmacology (JSNP2024)
and 34th Annual Meeting of Japanese Society of Clinical Neuropsychopharmacology (JSCNP2024)

Pocket Program AD Application Form

Date

Company name		
Address		
Contact Personnel	Name	TEL
	Department	FAX
	E-mail Address	

◇ Please tick the 'Application' box for the type of advertisement you wish to publish.

Page	Type	CINP2024 English Ver. Cost (without TAX)	Application	JSNP/JSCNP2024 Japanese Ver. Cost (without TAX)	Application
(1) outside back co	Colour 1P	~~JPY 200,000~~		JPY 200,000	
(2) inside front cover	Colour 1P	~~JPY 150,000~~		~~JPY 150,000~~	
(3) inside back cover	Colour 1P	JPY 150,000		JPY 150,000	
(4) back matter a	Colour 1P	JPY 120,000		JPY 120,000	
(5) back matter b	B&W 1P	JPY 100,000		JPY 100,000	
(6) back matter c	B&W 1/2P	JPY 60,000		JPY 60,000	

Please leave the pagination to the Local Secretariat.

◇ Note

[E-mail to] cinp2024-sponsor@convention-plus.com
To CINP/JSNP/JSCNP2024 Local Secretariat Office
c/o Convention Plus, Inc.
Tel. +81 (0)3-4355-1141

35th CINP World Congress of Neuro-Psychopharmacology (CINP2024)
Joint Meeting of 54th Annual Meeting of Japanese Society of Neuropsychopharmacology (JSNP2024)
and 34th Annual Meeting of Japanese Society of Clinical Neuropsychopharmacology (JSCNP2024)

Official Website Banner AD Application Form

Date

Company name		
Address		
Contact Personnel	Name	TEL
	Department	FAX
	E-mail Address	

◇ Please check the 'Application' box for the type of advertisement you wish to publish.

Media	Application
35th World Congress of Neuropsychopharmacology Website (ENG Ver.)	
Joint Meeting of 54th Annual Meeting of the Japanese Society of Neuropsychopharmacology and 34th Annual Meeting of the Japanese Society of Clinical Neuropsychopharmacology (JP Ver.)	

◇URL for setting Banner link

◇ Note

[E-mail to] cinp2024-sponsor@convention-plus.com
To CINP/JSNP/JSCNP2024 Local Secretariat Office
c/o Convention Plus, Inc.
Tel. +81 (0)3-4355-1141

35th CINP World Congress of Neuro-Psychopharmacology (CINP2024)
Joint Meeting of 54th Annual Meeting of Japanese Society of Neuropsychopharmacology (JSNP2024)
and 34th Annual Meeting of Japanese Society of Clinical Neuropsychopharmacology (JSCNP2024)

Promotional Item(s) Application Form

Date

Company name		
Address		
Contact Personnel	Name	TEL
	Department	FAX
	E-mail Address	

◇Please tick the 'Application' box

Item	Cost (without TAX)	Application
~~Delegate Bag~~	~~JPY 3,000,000~~	
~~Lanyard~~	~~Negotiable~~	
Poster Boards	JPY 1,000,000	
Gala Dinner（Cruising）	JPY 1,500,000	
Welcome Reception	JPY 1,000,000	
Networking Break	JPY 1,500,000	
Charging Station	JPY 1,500,000	
Inclusion of PR items in Delegate Bag	JPY 750,000	
Delegate Information Desk	JPY 800,000	
Promotional Video	JPY 350,000	

◇ Note

[E-mail to] cinp2024-sponsor@convention-plus.com
To CINP/JSNP/JSCNP2024 Local Secretariat Office
c/o Convention Plus, Inc.
Tel. +81 (0)3-4355-1141

35th CINP World Congress of Neuro-Psychopharmacology (CINP2024)
Joint Meeting of 54th Annual Meeting of Japanese Society of Neuropsychopharmacology (JSNP2024)
and 34th Annual Meeting of Japanese Society of Clinical Neuropsychopharmacology (JSCNP2024)

Exhibition Application Form

Date

Company name		
Address		
Contact Personnel	Name	TEL
	Department	FAX
	E-mail Address	

◇ Booth Type and Number

☐ A Type JPY 60,000 × _____ square meter Total Cost（without tax）JPY_____.

☐ B Type JPY300,000 × _____ booth Total Cost（without tax）JPY_____.

◇ Check if the decoration is planned to be installed by a constructor.

☐ Arrange decoration in-house.

◇ Items on display

Please indicate the main products on display and other details. This information is required for booth allocation. Please also indicate if there are heavy items (over 100 kg).

Item	Size (W x D x H mm)	Weight (kg)

◇ Note

[E-mail to] cinp2024-sponsor@convention-plus.com

To CINP/JSNP/JSCNP2024 Local Secretariat Office

c/o Convention Plus, Inc.

Tel. +81 (0)3-4355-1141

35th CINP World Congress of Neuro-Psychopharmacology (CINP2024)
Joint Meeting of 54th Annual Meeting of Japanese Society of Neuropsychopharmacology (JSNP2024)
and 34th Annual Meeting of Japanese Society of Clinical Neuropsychopharmacology (JSCNP2024)

Donation Application Form

I agree with the purpose of this Congress and apply for the following amount as a donation.

Total Amount JPY _____-

Date

Company or Individual name		
Address		
Contact Personnel	Name	TEL
	Department	FAX
	E-mail Address	
Scheduled date of bank transfer		

[Bank Details for Transfer]

Beneficiary Bank: MUFG BANK, LTD.

SWIFT code/BIC code: BOTKJPJT

Branch Name: Kamikitazawa Branch

Beneficiary Account No.: 160-0261608

Beneficiary Name: C I N P 2 0 2 4 J u n b i i i n k a i D a i h y o u I k e d a K a z u t a k a