



8-10 July 2025

Patronage Application Form

Date: _____

Patronage Organization Name: _____

Primary Contact Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Patronage Level: _____ Patronage Fee Payment Amount: _____

Online Special Industry Session Requested: _____

Please fill in this and mail it to: spsympo25@ise.pw.edu.pl

Technical Co-Sponsors:

**Warsaw University
of Technology**