



SPONSORSHIP APPLICATION

Conference Dates: August 1 – 5, 2010

Exhibit Dates: August 2 – 5, 2010

Oregon Convention Center, Portland, Oregon

INSTRUCTIONS: Type or print this application. Complete all sections. Should you need a copy make a copy for your files. Sign and return this original application with full payment, payable to Microscopy Society of America, P.O. Box 485, La Grange, IL 60525-0485. If paying by credit card, please fax signed application to 312-541-0573. Upon receipt of application and full payment, Sponsorship Management will send confirmation.

OPPORTUNITIES

Sponsorships are assigned on a first come first served basis. For more information, please contact Maryanne Miller or Mary Michalik at 312-541-0567, fax number 312-541-0573, or email: maryanne@corcexpo.com or mary@corcexpo.com. Please select sponsorship preference.

<input checked="" type="checkbox"/> Conference Tote Bag	SOLD	<input type="checkbox"/> Email Marketing	\$3,500
<input type="checkbox"/> Pocket Guide	\$10,000	<input type="checkbox"/> Symposia Sponsorship Platinum	\$3,000
<input type="checkbox"/> Hotel Key Cards	\$10,000	<input type="checkbox"/> Symposia Sponsorship Gold	\$2,200
<input type="checkbox"/> Aisle Signs <i>Exclusive</i>	\$ 7,500	<input type="checkbox"/> Symposia Sponsorship Silver	\$1,550
<input checked="" type="checkbox"/> Lanyards	SOLD	<input type="checkbox"/> Symposia Sponsorship Bronze	\$1,000
<input type="checkbox"/> Conference Pen / Highlighter	\$ 5,000	<input type="checkbox"/> Standing Sign Boards	\$3,000
<input type="checkbox"/> Hand Sanitizer Stations	\$ 5,000	<input type="checkbox"/> Coffee / Refreshment Breaks	\$2,500
<input type="checkbox"/> Hotel Door Drop	\$ 5,000	<input type="checkbox"/> Poster Session Networking Reception	\$2,500
<input type="checkbox"/> Conference Water Bottles	\$ 5,000	<input type="checkbox"/> Tote Bag Insert	\$1,000
<input checked="" type="checkbox"/> Conference Note Pad	SOLD		

Company Contact _____

Company Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____ www: _____

Method of Payment: M&M Tax ID # 116042333

Check American Express Mastercard Visa In the amount of \$ _____

Card Number _____ Expiration Date _____

Name as it appears on card _____

Billing Address _____

CARDHOLDER'S SIGNATURE – **This line must be signed for acceptance of contract.**

TERMS AND CONDITIONS

Sponsor agrees to pay above indicated sponsorship amount as determined by M&M. Payment in full is due with application. M&M reserves the right to withdraw the sponsorship if payment is not received within 15 business days of receipt of the signed application. Acceptance of this application by M&M constitutes a contract. We agree to abide by the above contract terms and conditions. Sponsorships are non-refundable.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

This line must be signed for acceptance of contract