



SPONSORSHIP APPLICATION

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 Matt McLaughlin or Mary Michalik at 312-541-0567; fax 312-541-0573 or email matt_mclaughlin@corcexpo.com or mary@corcexpo.com. Please select sponsorship preference:

<input type="checkbox"/> Meeting Bag	SOLD	<input type="checkbox"/> Email Marketing	SOLD
<input type="checkbox"/> Hotel Key Cards	SOLD	<input type="checkbox"/> MicroBrew Networking Poster Session	\$ 2,500
<input type="checkbox"/> Blackberry/Phone Charging Stations	\$ 10,000	<input type="checkbox"/> It's A Family Affair	\$ 2,500
<input type="checkbox"/> Aisle Signs <i>Exclusive</i>	\$ 7,500	<input type="checkbox"/> Symposia Sponsorship Platinum	\$ 3,000
<input type="checkbox"/> Water Stations	SOLD	<input type="checkbox"/> Symposia Sponsorship Gold	\$ 2,200
<input type="checkbox"/> Lanyards	SOLD	<input type="checkbox"/> Symposia Sponsorship Silver	\$ 1,550
<input type="checkbox"/> Hand Sanitizers	\$ 6,000	<input type="checkbox"/> Symposia Sponsorship Bronze	\$ 1,000
<input type="checkbox"/> Conference Water Bottles	SOLD	<input type="checkbox"/> Standing Sign Boards	\$ 2,500
<input type="checkbox"/> Hotel Door Drop	\$ 6,000	<input type="checkbox"/> Coffee/Refreshment Breaks	\$ 2,500
<input type="checkbox"/> Conference Pen/Highlighter	\$ 5,000	<input type="checkbox"/> Tote Bag Insert	\$ 1,000
<input type="checkbox"/> Recycle Bins	\$ 5,000	<input type="checkbox"/> Passport To Prizes	\$ 500
<input type="checkbox"/> Conference Note Pad	\$ 5,000		

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.