



Sponsorship Application

Company Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____

Sponsorship Opportunities:

- | | |
|---|---|
| <input type="checkbox"/> Coffee Break - \$8,000 ea. | <input type="checkbox"/> Computer Room - \$10,000 |
| <input type="checkbox"/> Opening Welcome Reception - \$10,000 | <input type="checkbox"/> Scientific Sessions - \$4,000 ea. |
| <input type="checkbox"/> Lunch - \$7,000 ea. Day _____ / \$16,000 All Three | <input type="checkbox"/> Badge Lanyards (if supplied) - \$4,000 |
| <input type="checkbox"/> Final Program & Abstract Book - \$10,000 | <input type="checkbox"/> Website Banner - \$1,000 per month |
| <input type="checkbox"/> Portfolio Bags - \$12,000 (non-exclusive, includes 1 insert) | <input type="checkbox"/> Hotel Room Door Keys - \$8,000 |
| <input type="checkbox"/> Registration Give-a-way (if supplied) - \$4,000 | <input type="checkbox"/> Memory Sticks - \$10,000 |
| <input type="checkbox"/> Exhibit Hall Aisle Signs - \$8,000 | <input type="checkbox"/> Pad & Pens (if supplied) - \$4,000 |
| <input type="checkbox"/> Room Drop - \$4,000 | <input type="checkbox"/> Hospitality Suite - \$4,000 |
| <input type="checkbox"/> Water Bottles (if supplied) - \$4,000 | |

Important: Please forward with this contract a deposit of 50% of the total sponsorship.
The balance will be due upon receipt of invoice.

Checks should be made payable to: Scherago International / Plant Genome

Return Application To: Scherago International c/o PAG XIX Conference
525 Washington Blvd, Ste 3310, Jersey City, NJ 07310

For office use only:

Date: _____ Cost: _____ Deposit: _____ Bal Due: _____