

COS/AOU/SCO 2010 Meeting Exhibitor and Sponsorship Form

Use this form to reserve exhibit space at the COS/AOU/SCO 2010 Meeting or to contribute financial or in-kind support. Following receipt of this form by the conference management office, you will be contacted regarding any complimentary registrations for the conference, booth location, logo and link to your organization and for information and details relevant to sponsorship of conference events. **THANK YOU FOR YOUR SUPPORT!**

SPONSORS AND EXHIBITORS OPPORTUNITIES:

PLATINUM Level:..... \$2,500
 GOLD Level (commercial, for-profit companies): \$1,000
 GOLD Level (non-profit organizations):.....\$750

NON-EXHIBITING SPONSOR OPPORTUNITIES:

SILVER Level: (Provided as funds or in-kind contributions.)..... Any amount up to \$999

PAYMENTS: Full payment of the appropriate amounts must be submitted with this application. Please make checks payable to **COS/AOU/SCO 2010 Meeting** or provide credit card information. Mail this completed form along with the appropriate amount to: COS/AOU/SCO 2010 Meeting, c/o The Schneider Group, Inc., 5400 Bosque Boulevard, Suite 680, Waco, Texas 76710-4446. If paying by credit card, you may fax the completed form to 254-776-3767. We invite you to visit our Web site at <http://www.birdmeetings.org/cosaousco2010/> for more information on the conference.

Please print or type.

COMPANY/INSTITUTE/ORGANIZATION _____

CONTACT NAME _____ POSITION _____

FIRST ADDRESS LINE _____

SECOND ADDRESS LINE _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____ URL/WEB ADDRESS _____

Exhibitor and Sponsorship Fees (in U.S. dollars):

Platinum Level: # of sponsorships @\$2500.00 USD per sponsorships = _____
 Your booth sign should read: _____

Gold Level (for profit): # of sponsorships @1000.00 USD per sponsorships = _____
 Your booth sign should read: _____

Gold Level (non-profit): # of sponsorships @\$750.00 USD per sponsorships = _____
 Your booth sign should read: _____

Silver Level: Please indicate amount in U.S. Dollars = _____
 Please indicate the event/activity you would like to sponsor: _____

Donations:

Monetary Donation: Please indicate amount in U.S. Dollars = _____

Items, services, gift certificates, etc. you would like to contribute for use as prizes and awards: _____

Total in U.S. Dollars _____

Payment:

Check Enclosed.

Bill My Organization. (You must submit a purchase order.)

Credit Card Payment (Charges are debited to Schneider & Associates):

Visa MasterCard American Express

NAME ON CARD _____

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

Special Needs:

If you, your guests or co-workers have a disability or limitation that may require special consideration in order to fully participate, please contact the meeting's planning organization to see how we can accommodate your needs. Call 1-254-776-3550 or contact via e-mail at lesl@sgmeet.com.

Authorization:

PRINTED NAME _____ PHONE _____

AUTHORIZED SIGNATURE _____