



2009 MID-ATLANTIC BIO SPONSORSHIP & EXHIBITOR APPLICATION

COMPANY/ORGANIZATION _____

Indicate on the line above how you would like your company name to appear on all printed materials

CONTACT PERSON - This person will receive all communication and invoices associated with sponsorship.

First Name _____ MI _____ Last Name _____

Title _____

Address (1) _____ Address (2) _____

City _____ State _____ Postal Code _____ Country _____

Phone _____ Fax _____

E-Mail _____ Website _____

Are you a member of MAVA, MdBio or VABio?

Yes _____ (please specify) No

SPONSORSHIP LEVEL

Premiere, Diamond, Platinum, Gold, Silver or
Other Sponsorship level

EXHIBITOR LEVEL

Member or Non-Member Exhibitor

SPONSORSHIP DOLLAR AMOUNT

US\$ _____

EXHIBITOR DOLLAR AMOUNT

US\$ _____

TERMS & CONDITIONS

By signing this sponsorship/exhibitor agreement, you are acknowledging that you have authorization to commit your firm to these events/opportunities. Mid-Atlantic Bio will forward an invoice to you at the address stated. Failure to pay within the time specified for payment may result in your firm being removed as a sponsor or exclusion from timed sponsor benefits. You also authorize Mid-Atlantic Bio to include your company's name and/or logo in promotional materials related to sponsored events, online and in print, as specified under the benefits to the sponsorship level selected. Mid-Atlantic Bio will work to accommodate preferred choices, contingent upon availability of remaining selections. Mid-Atlantic Bio reserves the right to change pricing or to limit sponsorship opportunities for events it produces. No sponsor shall sublet, assign or share part of the amenities and/or space allocated to him/her without the written consent of Mid-Atlantic Bio. Mid-Atlantic Bio reserves the right to review and approve or deny any application to exhibit.

I also understand that by providing my mailing address, e-mail address, telephone and fax number, I consent to receive communication sent by or on behalf of Mid-Atlantic Bio (and its official partners, subsidiaries and affiliates) via regular mail, e-mail, telephone or facsimile transmittal.

Authorized Signature _____ Date _____

Exhibit space priority is given to conference sponsors. Exhibitor-only packages may be placed on a wait list pending space availability. A decision on wait-listed exhibitors will be made by August 14, 2009. A deposit may be required to hold exhibit space, and will be refunded if space is not provided by Mid-Atlantic Bio.

Please send completed application to:

Mid-Atlantic Bio, PO. BOX 964, McLean, VA, 22102. Applications can also be faxed to: (703) 442-8336.

CANCELLATION POLICY

Notification of intent to cancel exhibit space must be provided in writing. Show Management will refund 50% of the exhibitor's total display fees provided Show Management receives written notification of cancellation on or before September 7, 2009 at 5:00 pm EST. If notice of cancellation is received after September 7, 2009, no refunds will be issued.