



## 2008 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 15, 2008. 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 11205, McLean, VA, 22102. Applications can also be faxed to: (703) 356-3339.**

**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 5, 2008 at 5:00 pm EST. If notice of cancellation is received after September 5, 2008, no refunds will be issued.