

Vascular Biology

October 14-18, 2018

Newport, Rhode Island

Sponsored by the North American Vascular Biology Organization

Company:		
Contact (include title/dept.):		
Address:	Tel:	
	Fax:	
Web site:	Email:	
<input type="checkbox"/> Permission is granted to NAVBO to use the company logo to acknowledge sponsorship of this meeting only in the NAVBO Newsletter and web site, the meeting program, brochure and signage. If applicable, on bags or badges.		
If applicable, send logo image (300dpi, jpeg, 1200x600 pixels minimum size) to bernadette@navbo.org		
Support Opportunities:		
<input type="checkbox"/> Diamond Partner* - \$20,000	<input type="checkbox"/> Platinum Partner* - \$15,000	<input type="checkbox"/> Gold Partner* - \$10,000
<input type="checkbox"/> Strategic Partner**† - please indicate amount of sponsorship:		\$ _____ (\$5,000 to \$9,999)
<input type="checkbox"/> Event Partner* - please indicate amount of sponsorship:		\$ _____ (\$2,500 to \$4,999)
<input type="checkbox"/> Contributor - please indicate amount of sponsorship:		\$ _____ (\$500 to \$2,499)
<input type="checkbox"/> Literature table (for <u>non-profits only</u>):		\$ <u>500</u>
Additional Sponsorships:		
<input type="checkbox"/> Bag Sponsor - your logo imprinted on the meeting bags		\$3,500
<input type="checkbox"/> Badge Holder Sponsor - your logo imprinted on a wallet style badge holder		\$1,500
<input type="checkbox"/> Ad in Meeting Program - (see Exhibitor Information)		\$ _____
*Diamond, Platinum, Gold, Strategic and Event Partners - indicate your support allocation:		
<input type="checkbox"/> Overall meeting (organizers decide best disbursement)		<input type="checkbox"/> Divide support evenly (50% to each workshop)
<input type="checkbox"/> Divide support as indicated: _____% for Inflammation and _____% for Signaling _____% for General Sessions		
(if you wish to support one workshop/symposium, indicate 100% and 0% in others)		
†Strategic Partners - choose a coffee break (specify first, second and third choices)		
_____ Monday, morning	_____ Tuesday, morning	_____ Wednesday, morning _____ Thursday, morning
Gold Partners - if allowable and/or applicable indicate the session you would like to support:		
Diamond, Platinum, Gold and Strategic Partners:		
<input type="checkbox"/> _____, a representative of our company, will attend and man a six foot booth.		
<input type="checkbox"/> we will not send a representative to the workshop and do not require a booth.		
Payment Information -		
Total Remittance: \$ _____		
Method of Payment: <input type="checkbox"/> Check payable to NAVBO <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express		
Card Number: _____ Expiration: _____		
Name of Cardholder (please print): _____		
Signature: _____		

Mail your payment to: NAVBO, 18501 Kingshill Road, Germantown, MD 20874-2211
or Fax your credit card payment to: (301) 540-6903

NAVBO EIN: 52-1917956

Thank you for your support

