



Society for Developmental Biology 70th Annual Meeting

Hyatt Regency, Chicago, IL
July 21-25, 2011

SPONSORSHIP FORM

Company Name: _____

Mailing Address: _____

Will sponsor:

- Presidential Symposium (one sponsor) \$4,000
- Opening Reception or Awards Banquet (each – multiple sponsors) \$3,000
- Plenary Session (3 total – one sponsor each) \$3,000
- Concurrent, Education or Postdoctoral Symposium (each) \$2,000
- Poster Session (3 total - multiple sponsors each) \$1,000
- Coffee Breaks (6 total - one sponsor each) \$ 800
- Tote bags (4 vendors maximum) \$1,000
- Technical Tutorials (45 min each, 3 total, AV + room inc.) \$2,000
- Best Student Poster Awards (enter amount) \$ _____
- Student Travel Awards (enter amount) \$ _____
- Teaching Faculty Travel Awards (enter amount) \$ _____
- Unrestricted Contribution (enter amount) \$ _____
- Satellite Symposium (enter amount)* \$ _____

*Receive a 10% discount to display table as well as an additional complimentary registration to annual meeting if total contribution to symposium and annual meeting is \$2,000 or more.

Benefits: Company's name in Meeting Program Addendum and at sponsored sessions; as well as posted on Meeting homepage on SDB Website with links to company's homepage. Contributions of \$2,000 or more will have discount equal to 10% of contribution applied to display table fee, if company is also exhibiting.

YES, we are interested in having our own display table in the EXHIBIT \$1,000
(Includes one full meeting registration for one representative. Additional representatives will purchase registration at member rate – forms available online)

YES, we are interested in sending journal(s)/book(s) to be displayed but will not attend the meeting
For Publishers Only (Books will be donated to the Best Student Poster Competition awards)
\$100 x ____ (# of titles) = \$ _____

TOTAL \$ _____

Contact Name..... Title

Email Tel Fax

PLEASE MAKE CHECKS (drawn on US banks) PAYABLE AND SEND DIRECTLY TO:

**Society for Developmental Biology
9650 Rockville Pike, Bethesda, MD 20814-3998**

Attn: Dr. Ida Chow

OR SUPPLY CREDIT CARD INFORMATION BELOW AND FAX TO (301) 634-7825

SDB Federal Tax ID: 38-1909157

Credit Card Holder _____ **Card Holder Phone #** _____

Credit Card # _____ **Exp. Date** _____ **Security Code** _____