



The American Society of
ExtraCorporeal Technology



Pediatric Perfusion Conference

Hyatt Regency, Milwaukee, WI
July 12-15, 2007

Commercial Support Agreement & Registration

Exhibitor Info on:
www.esvw.com/amsect

Recognition for each level provided in newsletter, website, syllabus and signage at the meeting

We will be able to participate at the following level. (Check all that apply)

- | | <u>PRIOR TO MAY 24, 2007</u> | <u>AFTER MAY 24, 2007</u> |
|-------------------|--|--|
| GOLD LEVEL | <input type="checkbox"/> \$7,000 (includes six reps) | <input type="checkbox"/> \$7,500 (includes six reps) |
| SILVER LEVEL | <input type="checkbox"/> \$5,000 (includes five reps) | <input type="checkbox"/> \$5,500 (includes five reps) |
| BRONZE LEVEL | <input type="checkbox"/> \$2,500 (includes four reps) | <input type="checkbox"/> \$3,000 (includes four reps) |
| Table top display | <input type="checkbox"/> \$1,500 (includes three reps) | <input type="checkbox"/> \$2,000 (includes three reps) |

ADDITIONAL REPRESENTATIVE REGISTRATION

- | <u>REGISTRATION</u> | <u>PRIOR TO MAY 24, 2007</u> | <u>AFTER MAY 24, 2007</u> |
|---------------------|--------------------------------|--------------------------------|
| Member | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$350 |
| Non-Member | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |

Total Amount: _____

In an effort to provide optimum exposure to exhibitors, breaks and refreshments are in the exhibit area

No we will not be able to participate, but wish to support the program with the following grant amount: \$ _____

Payment Information

Make check payable to AmSECT

Tax ID # 41-6057985

- Check enclosed Check to follow Visa MasterCard AmEx (Please check one)

Name printed on card: _____ Exp. date: _____

Signature: _____ Card # _____

REGISTRATION NAMES: _____ Member? Yes No

_____ Member? Yes No

(PLEASE PRINT)

Your Name: _____ Member? Yes No

Title: _____ Email: _____

Phone: _____ Fax: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM AND PAYMENT TO:
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Attn: Matt Van Wie, Manager, Corp. & Educational Support
Phone (804) 565-6310 • Fax (804) 282-0090 • mattv@societyhq.com
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