

The Third Annual Medical Research Summit

March 5-7, 2003 The Renaissance, Washington, DC

Sponsor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Summit Sponsorships

Sponsorship Level:

_____ Platinum \$15,000

As a Platinum Level Sponsor, please list our company as the sponsor for the _____
(please select from one of the event sponsorship or item sponsorship categories below)

_____ Gold \$10,000

As a Gold Level Sponsor, please list our company as the sponsor for the _____
(please select either the Continental Breakfast or the Luncheon)

_____ Silver \$7,500

Event Sponsorships

Event Sponsorship: _____ Registration \$2,500 _____ Continental Breakfast \$3,500

_____ Break \$2,500 _____ Luncheon \$4,500

_____ Reception \$10,000 _____ Key-Note Speaker \$5,000

Speaker Name _____

Item Sponsorships

Item Sponsorship: _____ Badges/Lanyards \$5,000 _____ Tote Bags \$7,500

_____ Binder \$3,500 _____ Pocket Schedule \$5,000

_____ Mugs \$1,500 _____ Note Pad \$1,500

_____ Highlighter Pens \$1,500 _____ Calculators \$2,500

Summit Binder Advertising

Binder Advertising: _____ Full Page Four Color Ad \$800

_____ Full Page Black/White \$500

Exhibiting

If you would only like to purchase a 10 x 10 exhibit space at the Medical Research Summit the price is \$1,600.00. This price includes an exhibit space, 1 Complimentary all-access badge for March 5-7, 2003, up to 4 exhibitor badges and company listing in the program guide.

_____ Yes, I would like to purchase an exhibit space at the Medical Research Summit for \$1,600.00 and would like to select Booth # _____ 2nd Choice _____
3rd Choice _____

_____ Yes, I would like the exhibit space at the Medical Research Summit that is included with my major sponsorship Booth # _____ 2nd Choice _____
3rd Choice _____

Payment Information

_____ Check enclosed for the amount of \$ _____ (Please make check payable to The Medical Research Summit)

_____ Charge to credit card below for the amount of \$ _____

Name of Card Holder (Please Print): _____

Card Holder's Signature: _____

_____ Visa _____ MC _____ AMEX

Card No: _____ Expiration: _____

Exhibiting and Sponsor status is not final until payment is received. All Fees are non-refundable.

TAX ID# 91-1892021

Please fax your application to: 760-771-9133

Please email your application to: Conferencehq@aol.com

Please mail your application to: Sponsor/Exhibitor Registration, Attn: Linda Jenkins
42363 Snowcrest Drive/PO Box 1774
Big Bear Lake, CA 92315

Signature _____ Date _____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

Complimentary Registrations to the Medical Research Summit

Please complete this form and return to Sponsor/Exhibitor Registrations no later than March 1, 2003. Please Fax to: 760-771-9133 or Mail to: Sponsor/Exhibitor Registration, Attention Linda Jenkins, 42363 Snowcrest Drive/PO Box 1774, Big Bear Lake, CA 92315

- *Platinum Sponsors receive (3) three complimentary registrations
- *Gold Sponsors receive (2) two complimentary registrations
- *Silver Sponsors receive (1) one complimentary registration
- *Exhibitors receive (1) complimentary registration and up to 4 expo only badges

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)