

SPONSORSHIP OPPORTUNITIES

FOR THE 2011 ANNUAL BIOMEDICAL RESEARCH CONFERENCE FOR MINORITY STUDENTS (ABRCMS)

ABRCMS invites you to review the sponsorship opportunities and benefits that are available for the 2011 Conference. *Please note that exhibition booth fees are not included in the various levels of sponsorship. These fees would be in addition to the sponsor levels listed below.*

As a **Bronze Sponsor (less than \$2,000)**, you will receive:

- Recognition on conference website
- Recognition in the Exhibitor Guide
- Recognition on conference signage
- Copy of conference press release

As a **Silver Sponsor (\$2,000 to less than \$5,000)**, you will receive:

- All benefits of a bronze sponsor
- Priority exhibit booth selection 48 hours prior to the exhibit launch date (*limited to one booth per \$2,000 donation*).
- Free copy of the mailing list of the ABRCMS attendees (valued at \$300)
- A group photo with awardees (if you sponsor student presentation awards)

As a **Gold Sponsor (\$5,000 to less than \$10,000)**, you will receive:

- All benefits of a silver sponsor
- One free conference registration
- Free half page advertisement in the Exhibitor Guide (valued at \$500)

As a **Platinum Sponsor (\$10,000 or more)**, you will receive:

- All benefits of a gold sponsor
- Free full page advertisements in the Exhibitor Guide (valued at \$1,000)
- Priority selection of exhibit booth space prior to printing of Exhibit Prospectus.

**Contact Irene Hulede at
(202) 942-9295 or ihulede@asmusa.org
for further details on sponsoring an event or activity.**

Intent to Sponsor

ANNUAL BIOMEDICAL RESEARCH CONFERENCE FOR MINORITY STUDENTS (ABRCMS) ♦ ST. LOUIS, MO ♦ NOVEMBER 9-12, 2011
Organizations/institutions who would like to participate in priority booth selection on May 2, 2011
must fax or email Intent Form on or before **April 25, 2011.**

Sponsorship Contact Information

Enter information as you wish it to appear in conference materials. (*Please Print Clearly or Type*)

Contact Name _____

Organization _____

Division/Department _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ URL _____

By signing this form, I certify that as a representative of the organization/institution named above, I will mail check to ASM by October 21, 2011. Please note that sponsorship funds will be treated as contributions. Accordingly, the signature below acknowledges that these contributions are for the 2011 ABRCMS, and that any remaining funds should be carried over to future conference activities.

Authorized Signature

Date

Name (print)

Title

Sponsorship Opportunities Information:

Please circle what you wish to sponsor

- | | |
|--|----------------------------|
| <input type="checkbox"/> T-Shirts / Tote bags | \$30,000 |
| <input type="checkbox"/> Keynote Speaker | \$20,000 |
| <input type="checkbox"/> Plenary Session | \$10,000 |
| <input type="checkbox"/> Email Center/Computer Workstation | \$10,000 |
| <input type="checkbox"/> Refreshment Breaks | \$8,000 |
| <input type="checkbox"/> Concurrent Session | \$5,000 |
| <input type="checkbox"/> Satellite Session | \$5,000 per session |
| <input type="checkbox"/> Entertainment/Social | \$5,000 |
| <input type="checkbox"/> Poster and Oral Presentation Awards | \$250 each (min. 8 awards) |
| <input type="checkbox"/> Unrestricted Sponsorship | any amount |

(ASM has not provided any goods or services in exchange for this contribution)

Total Amount you wish to sponsor: _____

Return completed letter of intent to:



Irene Hulede
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Fax: 202-942-9329



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