NOTICE OF INTENT TO SUPPORT/EXHIBIT APPLICATION

2010

33RD ANNUAL SAN ANTONIO BREAST CANCER SYMPOSIUM DECEMBER 8–12, 2010

No Market Research Companies.

Company Name: _____

1. Corporate Sponsorship

☐ In support of (see Sponsorship Opportunities page 12): _____

Amount: $ _____

2. Exhibit

☐ Please reserve an exhibit for us. (Please refer to page 13–14 to help you determine your preferred booth size)

Exhibit size: _____ ☐ Corner ☐ Island ☐ In line

We do not wish to be near the following companies: _____

Product category (more than one is permitted):

☐ Breast imaging systems ☐ Cell imaging systems ☐ Diagnostic testing ☐ Genetic testing
☐ Medical equipment ☐ Medical textbooks/journals ☐ Patient education materials ☐ Pharmaceuticals

☐ Other (identify) _____

Amount: $ _____

3. Total amount corporate sponsorship + exhibit fee: $ _____

4. Payment

Upon receipt of this form we will send an invoice payable in 30 days. Payment can be made by either check or wire transfer. There is a $30 additional fee for wire transfer payments.

☐ Send invoice to* _____

*Provide address if different from information given below.

5. Cancellation Policy

- Full refund less $100 if cancelled by September 1, 2010
- 75% refund if cancelled by September 30, 2010.
- No refund for cancellations thereafter.

6. THIS SECTION MUST BE COMPLETED.

_____
Name of Company Representative

_____
Signature of Company Representative

_____
Mailing Address

_____
City State Zip+4

_____
Phone Number

_____
FAX Number

E-MAIL THIS FORM TO sabcs@uthscsa.edu
OR FAX TO 1 210-450-1560 BY SEPTEMBER 1, 2010.

_____
Contact for Complimentary Registrations

_____
E mail

_____
Phone Number

_____
Exhibit Contact
(exhibit information, including booth number, and exhibit manual will be sent by email to this person)

_____
E mail

_____
Phone Number