

2015 SAN ANTONIO BREAST CANCER SYMPOSIUM
 No Market Research Companies.
 Deadline to submit: September 1, 2015

December 8-12, 2015

Company Name: _____

1. Corporate Sponsorship

- In support of: _____
- Amount: \$ _____

2. Exhibit

Please reserve an exhibit for us. (Please refer to pages 11–12 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
- Diagnostic testing
- Medical equipment
- Patient education materials
- Cell imaging systems
- Genetic testing
- Medical textbooks/journals
- Pharmaceuticals
- Other (identify) _____

Amount: \$ _____ Publisher set up on Sat., Dec. 12 Yes No

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

4. Payment

Payment is due 30 days from date of invoice. NOTE: Exhibit placement will be confirmed when payment has cleared. 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

- Refund less 10% of exhibit fee if cancelled by September 1, 2015 • Refund less 75% of exhibit fee if cancelled by September 30, 2015. - *Positively no refund for cancellations thereafter.*

6. THIS SECTION MUST BE COMPLETED.

Name of Company Representative	Contact for Complimentary Registrations
Signature of Company Representative	E mail
Mailing Address	Phone Number
City	Exhibit Contact
State	(exhibit information, including booth number, and exhibit manual will be sent by email to this person)
Zip+4	E mail
Phone Number	Phone Number
Fax Number	Phone Number

**EMAIL THIS FORM TO sabcs@uthscsa.edu
 OR FAX TO 210-450-1560 BY SEPTEMBER 1, 2015.**