

MSACL 2017 EU Educational Travel Grant Sponsorship

Sponsor:	
Contact Name:	Email:
Billing Address	Tel:
<p>Description MSACL Travel Grants support the conference attendance of: (1) Trainees: those on track to lead a clinical laboratory who are interested in learning more about the pros and cons of mass spectrometry versus conventional methodologies, and (2) Lab Directors: those who are leading clinical labs and want to learn more about how mass spectrometry can assist in improving result outcomes in their labs now.</p>	
<p>Sponsorship Benefits</p> <ul style="list-style-type: none"> • For sponsorship levels of \$6,000 or greater your company will have a 5 minute slot at the Opening Lunch in recognition of the Travel Grantees to be held on September 12 2017 12:30 - 14:00. Presentations begin at 13:15. • Commensurate with your level of support, your logo will be placed in the Travel Grant Support box at the top of the content area for each current congress webpage. • For sponsorship levels of \$6,000 or greater your logo will be placed in the on conference video signage. 	
<p style="text-align: center;">Sponsorship Amount</p> <p> <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$14,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$22,000 <input type="checkbox"/> \$_____ (Other amount > \$2,000) </p> <p>Please use my contribution to support:</p> <p> <input type="checkbox"/> Trainee Grants at an amount of \$_____ </p> <p> <input type="checkbox"/> Lab Director Grants at an amount of \$_____ </p>	<p>Payment is by Check or Credit Card (CC) or Bank Transfer.</p> <p> <input type="checkbox"/> If paying by CC complete Authorization below. <input type="checkbox"/> If paying by Check, make payable to "MSACL". <input type="checkbox"/> If paying by Bank Transfer, you will receive bank information on the invoice you receive following submission of this application. </p>
Name on CC: _____ Email: _____ Phone: _____	
I authorize MSACL to charge the credit card listed for the amount listed. Signature: SIGN HERE FOR CC Purchase	
CC Authorization: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX Credit Card #: _____ Exp Date: _____	

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