

MSACL 2017 US – Educational Travel Grant Sponsorship

Support Educational Development in Clinical Mass Spectrometry

Sponsor:	
Contact Name:	Email:
Billing Address:	Tel:
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<p>Description</p> <p>MSACL Educational Travel Grants support the conference attendance of:</p> <p>(1) Trainees: those on track to lead a clinical laboratory who are keen to learn more about the pros and cons of mass spectrometry versus conventional methodologies, and</p> <p>(2) Lab Directors: those who are leading clinical labs and want to learn more about how mass spectrometry can assist in improving result outcome.</p>	
<p>Sponsorship Benefits</p> <ul style="list-style-type: none"> You have an exclusive invitation to Grantee Receptions. One representative per \$2,000 of support. Your company logo will be placed in the Conference Program as a Travel Grantee Supporter. Your company logo or name (text), depending on the level of support, will be placed in the Travel Grant Support box at the top of each MSACL 2017 US webpage. For sponsorship levels of \$10,000 or greater your logo will be placed in the on MSACL conference video signage. 	
<p style="text-align: center;"><i>Sponsorship Amount</i></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) </p> <p><i>(Optional) Please use my contribution to support:</i></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, bank information will be on the invoice you receive after you submit this application. </p>
Name on CC: _____	
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I authorize MSACL to charge the credit card listed for the amount listed. Signature: SIGN HERE FOR CC Purchase	
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