



<b>Contact/Sponsor Information</b> The individual listed below will receive all information regarding exhibits and the meeting.	
Company Name	
Address	
City, State, Zip, Country	
Web Site	
Company Representative (Contact Person)	
Phone	
Email	

<b>Selection</b>						
Check Selection	Item	Support		Check Selection	Item	Support
	<b>Package and A la Carte Opportunities</b>				<b>Evening Interaction</b>	
	Tier 1 w/4 Registrations	\$50,000			Satellite Breakfast Symposium	\$30,000
	Tier 2	\$40,000			Live Streaming	\$35,000
	Tier 3	\$30,000			Team Building	\$35,000
	Connection Zone w/2 Registrations	\$10,000			Tablet Platform/App	\$40,000
	Networking Den w/2 Registrations	\$10,000			<b>Print</b>	
	Business Center	\$25,000			Outside back Cover	\$10,000
	Hand Sanitizer Stations	\$10,000			Divider Tabs	\$10,000
	Boarding Pass Kiosk	\$10,000			Inside Back Cover	\$ 7,000
	Mobile Device Charging Station	\$10,000			Inside Front Cover	\$ 7,000
	Window/Floor/Carpet Decals	\$ 6,000			Interior Page	\$ 5,000
	Water Stations	\$ 6,000			Hotel Room Door Hang	\$ 6,000
	Name Badge Lanyards	\$12,000			Conference Bag Insert	\$ 3,000
	Conference Bags (Includes insert)	\$12,000			General Meeting Support <i>enter amount</i>	
	Notebooks	\$12,000				
	Key Card Holders or Key Cards	\$12,000				
	Spectacular Seating	\$15,000			<i>All items are subject to availability</i>	

<b>Video Station and Networking Den Personnel</b>		
Connection Zone/Networking Den - enter 2 names. Tier packages - enter 2 or 4 names according to the plan selected.	1)	2)
	3)	4)

<b>Company Description</b>
Please provide a 2-3 sentence description of your company's services and/or products to be included in the official program book. Please send your description via email to <a href="mailto:emcdannell@myAST.org">emcdannell@myAST.org</a> by January 8, 2016 to ensure inclusion in the final program.

<b>Payment Information</b> To secure space/items, applications and full payment must be received in the AST office by January 5, 2015.			
Credit card type			
Cardholder's name			
Credit card number		Exp. date	
Total to be charged (from section above)			
Payment by check	American Society of Transplantation Attn: Libby McDannell 1120 Route 73, Suite 200, Mt. Laurel, NJ 08054 USA		

**Refund/Cancellation** Payment in full due by January 8, 2016. Service charge of 50 percent of the net contract price will be refunded for cancellations made between the time of signing and January 8, 2016. No refund or cancellation will be made on or after January 8, 2016.

The undersigned agrees to the terms outlined in the Supporter Information Packet and agrees to be charged for the amount listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AST Federal Tax ID #42-1182936