

## Sponsorship Payment and Cancellation Policy

Yes, we are interested in the following Sponsorship Opportunities at the USCAP 2009 ANNUAL MEETING (please check all that apply.):

- |                          |                                     |      |          |
|--------------------------|-------------------------------------|------|----------|
| <input type="checkbox"/> | PLATINUM SPONSOR                    | Sold | \$30,000 |
| <input type="checkbox"/> | GOLD SPONSOR                        | Sold | \$20,000 |
| <input type="checkbox"/> | SILVER SPONSOR                      | Sold | \$10,000 |
| <input type="checkbox"/> | Wine and Cheese Reception (Limit 3) |      | \$15,000 |
| <input type="checkbox"/> | Internet Café & Evaluation Cafe     |      | \$15,000 |
| <input type="checkbox"/> | Attendee Bags                       | Sold | \$15,000 |
| <input type="checkbox"/> | President's Reception               |      | \$15,000 |
| <input type="checkbox"/> | Hotel Room Key Cards                | Sold | \$7,500  |
| <input type="checkbox"/> | Lanyards or Badge Holders           | Sold | \$7,000  |
| <input type="checkbox"/> | Fellowship Fair                     | Sold | \$5,000  |
| <input type="checkbox"/> | House Staff Hospitality Room        |      | \$3,500  |
| <input type="checkbox"/> | Speaker Preview Room                | Sold | \$3,000  |
| <input type="checkbox"/> | Coffee Breaks (each)                |      | \$3,000  |

*You must be an exhibitor to sponsor an item or event.*

### Cancellation Policy and Fees:

1) Cancellations are required to telephone Ms. Nancy West at 706/733-7550 and send a confirming letter of cancellation to Ms. Nancy West; United States and Canadian Academy of Pathology; 3643 Walton Way Extension; Augusta, GA 30909 and received before the date listed below. Cancellations will be based on the following schedule:

- Until January 16, 2009, all commitments may be cancelled in full, less a 20% administration fee based on the payments received to date.
- Following the schedule of payments, any payments made after January 16, 2009, will not be refunded.

### Schedule of Payments:

- This completed sponsor form and all payments should be sent to Nancy West at the address listed above.
- **50% must accompany the Sponsorship Form**
- **Balance due by February 6, 2009**

### Method of Payment (check one):

- Check (payable to United States and Canadian Academy of Pathology – U.S. Currency drawn on U.S. bank)
- Visa
- MasterCard
- American Express

Name of Cardholder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

---

Please print contact information

Contact \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_