

Pharma, Biotech and Device Colloquium

June 5-8, 2005 Princeton University, Princeton, NJ

Sponsor Application

Company Name: _____

Company Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

Summit Sponsorships

Sponsorship Level:

_____ Diamond \$100,000

As a Diamond Level Sponsor, please list our company as the sponsor for the _____ (Please select from one of the event or item sponsorship categories below, \$10,000 or less in value)

Diamond Sponsorship receive 20 complimentary registrations.

_____ Platinum \$75,000

As a Platinum Level Sponsor, please list our company as the sponsor for the _____ (Please select from one of the event or item sponsorship categories below, \$8,000 or less in value)

Platinum Sponsorship receive 15 complimentary registrations.

_____ Gold \$50,000

As a Gold Level Sponsor, please list our company as the sponsor for the _____ (Please select from one of the event or item sponsorship categories below, \$5,000 or less in value)

Gold Sponsorship receive 10 complimentary registrations.

_____ Silver \$25,000

Silver Sponsorship receive 5 complimentary registrations.

_____ Bronze \$12,500

Bronze Sponsorship receive 2 complimentary registrations.

Event Sponsorships

Event Sponsorship: _____ Networking Reception - \$10,000 _____ Continental Breakfast - \$3,500

_____ Break - \$2,500

_____ Luncheon - \$4,500

Item Sponsorships

Item Sponsorship: _____ Badges/Lanyards - \$5,000 _____ Conference Bags - \$8,000

_____ Binder - \$10,000

_____ Pocket Schedule - \$5,000

_____ Pad Folio - \$25,000 _____ Opening Reception - \$10,000

Payment Information

_____ Check enclosed for the amount of \$_____ (Please make check payable to Health Care Conference Administrators)

_____ Charge to credit card below for the amount of \$_____

Name of Card Holder (Please Print): _____

Card Holder's Signature: _____

_____ Visa _____ MC _____ AMEX

Card No: _____ Expiration: _____

Sponsor status is not final until payment is received. All Fees are non-refundable.
TAX ID# 91-1892021

Please fax your application to: 215-545-8107

Please email your application to: joni.lipson@rmpinc.com

Please mail your application to: Pharma, Biotech and Device Colloquium

Sponsor Registration

Attn: Joni Lipson

1211 Locust St.

Philadelphia, PA 19107

Signature _____ Date _____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

Complimentary Registrations to the Pharma, Biotech and Device Colloquium

Please complete this form and return to Sponsor Registrations no later than June 1, 2005. Please Fax to: 215-545-8107 or Mail to: Sponsor Registration, Attention Joni Lipson, 1211 Locust St., Philadelphia, PA 19107

- * Diamond sponsors receive (20) twenty complimentary registrations
- * Change Platinum to 15 registrations
- * Change gold to 10 registrations
- * Change Silver to 5 registrations
- * Bronze sponsors receive (2) complimentary registrations

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____