

MSACL 2016 US – Educational Travel Grant Sponsorship

Support Educational Development in Clinical Mass Spectrometry

Sponsor:	
Contact Name:	Email:
Billing Address:	Tel:
	Fax:
<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 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 2016 US webpage. • For sponsorship levels of \$10,000 or greater your logo will be placed in the on MSACL 2016 US 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) </p> <p>(Optional) 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, bank information will be on the invoice you receive after you submit 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: _____	

Questions: 858-922-5813
 Fax to: 858-876-1873
 Email to: chris.herold@msacl.org

Mail to: MSACL
 205 12th St
 Del Mar, CA 92014