

MSACL 2018 EU Educational Travel Grant Sponsorship

Sponsor:	
Contact Name:	Email:
Billing Address	Tel:

Description

MSACL Travel Grants support the conference attendance of:

- (1) **Trainees:** those on track to lead a clinical laboratory who are interested in learning more about the pros and cons of mass spectrometry versus conventional methodologies, and
- (2) **Lab Directors:** those who are leading clinical labs and want to learn more about how mass spectrometry can assist in improving result outcomes in their labs now.

Sponsorship Benefits

- At a size commensurate with your level of support, your logo will be placed in the Travel Grant Support box at the top of the content area for each current congress webpage.
- Your company logo will be placed in the printed conference program.

<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 > \$2,000) </p> <p>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, you will receive bank information on the invoice you receive following submission of this application. </p>
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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: MC VISA 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