

3rd Global Summit on Precision Diagnosis and Treatment of Prostate Cancer
 August 3-5, 2018

SPONSOR REGISTRATION FORM

Please fax this form to Faina Shtern at (617) 507-2439 or email faina.shtern@admetechfoundation.org
 Please note that exhibits are limited in size to 6' wide x 6' deep. Set up of exhibits will take place on August 3.

NAME OF COMPANY: _____

REPRESENTATIVE: _____

Full Name: _____

Title: _____

E-mail: _____

Phone number: _____

Address: _____

LEVEL OF SPONSORSHIP (See attached details):

Conference Partner \$150,000 ____ Platinum \$100,000 ____ Gold \$50,000 ____
 Silver \$25,000 ____ Bronze Level: \$10,000 ____ Exhibitor: \$5,000 ____

METHOD OF PAYMENT

I. Check ____

Please mail check payable to AdMeTech Foundation to:

AdMeTech Foundation, One Boston Place, Suite 2600, Boston, MA 02108

II. Credit Card ____

Name on credit card: _____ Amount to be charged: \$ _____

Credit Card Number: _____ Exp. Date: _____

Approval of use via this signature: _____

III. Wire Transfer or ACH ____

Formal Name: Corporation for Advancement of Medical Technologies (DBA AdMeTech Foundation)

Routing Number (Bank of America:

For Wire ____ 026009593

For ACH ____ 052001633)

Bank account ____ 003916329827