

Sponsorship Reply Form

Thank you for taking the first step towards sponsorship. **For payment in US Dollars, please reply with this form and then email the ISOQOL office at www.isoqol.com for confirmation.** Please indicate the item your organization wishes to support and return this Reply Form to the ISOQOL Office via fax +703-556-8729. Thank you for your support.

Company Name: _____

Contact Person Name & Title: _____

Address: _____

Tel: _____
Country Code City/Area Code Number

Fax: _____
Country Code City/Area Code Number

Email: _____

Events and Activities

- | | |
|---|------------|
| <input type="checkbox"/> Support for Conference Dinner | US \$8,000 |
| <input type="checkbox"/> Support for Welcome Reception | US \$5,000 |
| <input type="checkbox"/> Support for one Refreshment Break | US\$2,000 |
| <input type="checkbox"/> 29 Oct (AM) <input type="checkbox"/> 29 Oct (PM) | |
| <input type="checkbox"/> 30 Oct (AM) <input type="checkbox"/> 30 Oct (PM) | |
| <input type="checkbox"/> 31 Oct (AM) <input type="checkbox"/> 31 Oct (PM) | |
| <input type="checkbox"/> Support for Mentor/Mentee Reception | US\$5,000 |

Scholarship

- | | |
|---|-----------|
| <input type="checkbox"/> Speaker Fees for One Plenary Session | US\$5,000 |
| Session preferred: | |
| <input type="checkbox"/> 29 Oct <input type="checkbox"/> 30 Oct <input type="checkbox"/> 31 Oct | |
| Session Title: _____ | |

- | | |
|---|-----------|
| <input type="checkbox"/> Support for the Developing Countries Scholarship Program | US\$3,000 |
| <input type="checkbox"/> Support for the New Investigators Scholarship Program | US\$2,000 |
| <input type="checkbox"/> Support for the New Investigator and Student Awards | US\$1,000 |

Advertising

- | | |
|---|-------------|
| <input type="checkbox"/> Support for printing of Conference Bag | US \$10,000 |
| <input type="checkbox"/> Rental of Exhibit Table | US\$1,500 |
| <input type="checkbox"/> Advertisement in Conference Program | |
| Option Number: _____ | US\$ _____ |

Payment ~ Amount \$US _____

For payment in US Dollars

Credit Card: Visa or MasterCard **ONLY**

Credit Card Number _____ Exp _ _____

Print Name _____

Signature _____

US Check enclosed

Wire transfer to our bank, call or write for bank information

Mail: ISOQOL, 6728 Old McLean Village Drive, McLean VA 22101 USA

Phone: +703 556-9222; Fax: +703 556-8729

Email: info@isoqol.org

Wire transfer to be completed _____ (date)