

The 2005 FDA Regulatory and Compliance Symposium

August 24-26, 2005

Harvard University, Cambridge, MA

Sponsor/Exhibitor Application

Company Name: _____

Company Representative: _____

Street Address: _____

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Summit Sponsorships

Sponsorship Level:

_____ Diamond \$50,000

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)

_____ Platinum \$25,000

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)

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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)

_____ Silver \$10,000

_____ Bronze \$7,500

Event Sponsorships

Event Sponsorship: _____ Continental Breakfast \$3,500 _____ Luncheon \$5,000

_____ Networking Reception \$10,000 _____ Refreshment Breaks \$2,500

Item Sponsorships

Item Sponsorship: _____ Name Badge/Lanyards \$5,000 _____ Tote Bags \$10,000

_____ Note Pad \$25,000 _____ Pocket Schedule \$5,000

_____ Binder \$10,000 _____ Cyber Café \$5,000

Exhibiting

If you would only like to purchase a Tabletop exhibit space at the 2005 FDA Regulatory & Compliance Symposium the price is \$2,500.00. This price includes a 6' x 3' table, 2 exhibitor badges and company listing in the program guide.

_____ Yes, I would like to purchase an exhibit space at the 2005 FDA Regulatory & Compliance Symposium for \$2,500.00 and would like to select Booth # _____ 2nd Choice _____
3rd Choice _____

_____ Yes, I would like the exhibit space at the 2005 FDA Regulatory & Compliance Symposium that is included with my major sponsorship Booth # _____ 2nd Choice _____
3rd Choice _____

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: _____

Exhibiting and Sponsor status is not final until payment is received. All Fees are non-refundable.

TAX ID# 91-1892021

Make check(s) payable to: Health Care Conference Administrators. Call 800-546-3750 for any questions.

To submit this form for registration, please use any of the following:

Fax: 215-545-8107	(703) 538-7007
Email: joni.lipson@rmpinc.com	jhroncich@fdanews.com
Mail: Joni Lipson	J.T. Hroncich
100 North 20 th Street, 4 th Floor	300 N. Washington St., Suite 200
Philadelphia, PA 19103	Falls Church, VA 22046

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 FDA Regulatory and Compliance Symposium

Please complete this form and return to Sponsor/Exhibitor Registrations no later than August 16, 2005.
Please Fax to: 215-545-8107 or Mail to: Sponsor/Exhibitor Registration, Attention Joni Lipson, 1211
Locust Street, Philadelphia, PA, 19107

- * Diamond Sponsors receive (20) twenty complimentary registrations
- * Platinum Sponsors receive (15) fifteen complimentary registrations
- * Gold Sponsors receive (10) ten complimentary registrations
- * Silver Sponsors receive (5) five complimentary registrations
- * Bronze Sponsors receive (2) two complimentary registrations
- * Exhibitors receive (2) two exhibitor badges

Name: _____ Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Badge Type: _____ (Please Specify Expo Only or All Access)

Name: _____ Title: _____

Company: _____

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Phone: _____ Fax: _____ Email: _____

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Company: _____

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