

**GREAT LAKES INTERNATIONAL IMAGING AND FLOW CYTOMETRY ASSOCIATION, INC.**

EIN# 16-1545169



**2015 Sponsorship Form**

Company name \*

Contact person \*

<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name				

Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number \*

- Area Code

Phone Number

E-mail \*

**GLIIFCA Exhibitor Registration**

**Base support:** includes one-year company membership, **2 meeting registrations** for the company representatives, skirted table & chairs, and meals (including breaks and banquet).

**Promotional exhibit only:** No meeting attendance, no banquet.

Registration \*

Base support \$650  Exhibit \$200

Registrant 1

Last Name     First Name     Middle Name   

E-mail 1

Registrant 2

Last Name     First Name     Middle Name   

E-mail 2

**GLIIFCA sponsorship opportunities**

**Education**

**Poster award.** Competitive selection at meeting based on abstract and presentation Awards go to technicians/technologists, students or post docs/medical fellows.

**Travel grant.** \$2000 budgeted annually, up to \$500 awarded per grant. Awarded to selected individuals demonstrating need. Abstract and/or poster submission required.

Poster award \$250   

Travel grant \$200

**GLIIFCA Social Events**

Coffee Break (\$400 suggested)

Wine and Cheese Happy Hour (\$400 suggested)

Friday Evening Opening Reception (\$1500 suggested)

Saturday Banquet (3 donors at \$900 suggested)

Additional beverage tickets \$7.50 ea

Each \$100 of additional support over the base registration entitles the company to 1 more meeting registration. See the number of allowed additional registrants. Please provide their name in the field below.

Number of additional registrants

Names of the additional registrants

Use the field below to describe any additional requirements or requests (number of chairs and tables, electrical service, etc).

Describe additional requirements

Total payment

 USD

Please print this form and mail it with a check payable to GLIIFCA to:

**Dr. Paul Wallace**  
**GLIIFCA**  
**242 Willardshire Road**  
**East Aurora, NY, 14052**

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