



**GREAT LAKES INTERNATIONAL IMAGING  
AND FLOW CYTOMETRY ASSOCIATION,  
INC.**  
EIN# 16-1545169

GLIIFCA 18

**SPONSORSHIP CATEGORIES (US Funds)**

**Base Support** (includes one-year company membership,  
Exhibitor space, and 2 free meeting registrations) **\$550.00**

**The following categories are in addition to the base support level:**

**Poster Award:**  
Competitive selection at meeting based on abstract and presentation **\$150.00**  
Awards go to technicians/technologists, students or post docs/medical fellows.

**Travel Stipend:**  
Selection by need, abstract and poster **\$100.00 ea**

**Coffee Break or Wine and Cheese Party** **\$300.00 ea**

**Reception:** Friday night **\$1,000.00**

**Banquet:** Saturday night **\$2,000.00**

**Miscellaneous:** Promotional Exhibit (no attendance) **\$200.00**

**Total Contribution:** **\$ \_\_\_\_\_**

\*\*\*\*Each \$100 of additional support entitles sponsor to 1 free meeting registration. \*\*\*\*

<b><u>COMPANY NAME:</u></b>				
<b><u>Registrant Name:</u></b>	<b><u>Banquet attendance (Y/N)</u></b>	<b><u># tables required</u></b>	<b><u># chairs</u></b>	<b><u>Electrical hook up (Y/N)</u></b>

\*\*\* Note: This form serves as your company's registration form. There is no need to register on-line.\*\*\*

**Make check payable to GLIIFCA, enclose with this form and mail to:**  
Dr. Brian DuChateau, VP Laboratory Operations  
ConVerge Diagnostic Services, 200 Corporate Place #7, Peabody, MA 01960  
Tel: 978- 548-5203 Fax: 978-535-2371  
Email: bduchateau@convergedx.com

**In addition, please send this form to:**  
Karen Domenico  
UT Medical Center, 223HE, M.S. #1024, 3000 Arlington Ave., Toledo, OH 43614  
Tel: 419-383-4212 Fax: 419-383-3104  
Email: Karen.Domenico@utoledo.edu