



# SPONSORSHIP OPPORTUNITIES & Exhibitor Prospectus

May 14-19, 2017  
The University of Tampa

[www.syngbio.org](http://www.syngbio.org)

### General Information

Company Name: \_\_\_\_\_  
 Contact Person and Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_  
 Exhibitor Discount Super Early Bird (11/1/16 deadline) \$1,250 US .....\$ \_\_\_\_\_  
 Exhibitor Early Registration Discount (12/1/16 deadline) \$1,500 US .....\$ \_\_\_\_\_  
 Exhibitor Fee (1/15/17 deadline) \$2,000 US .....\$ \_\_\_\_\_

### Exhibitor information:

Company Name: \_\_\_\_\_  
 Name1—Exhibit staff: \_\_\_\_\_ Email 1: \_\_\_\_\_  
 Name2—Exhibit staff: \_\_\_\_\_ Email 2: \_\_\_\_\_

For the Final Program, send your company description as an email to [Syngbio2017@ut.edu](mailto:Syngbio2017@ut.edu) by April 1, 2017

### Sponsorship:

Item #	Name	Amount
_____	_____	\$ _____
_____	_____	\$ _____
Example: 1	Keynote	\$ 4,000 US

### Advertising:

Premium Advertising Location (Circle one: Inside Front Cover, Outside Back Cover) – Color \$1,500 US.....\$ \_\_\_\_\_  
 Upgraded Advertising Location (Inside Back Cover) – Color 7.25" wide x 10" high \$1,500 US.....\$ \_\_\_\_\_  
 Full page 7.25" wide x 10" high \$1,000/Developing Country \$500 US .....\$ \_\_\_\_\_

### Payment Information:

Payment due within 30 days of exhibitor or sponsorship application, and no later than April 1, 2017.

Company Name: \_\_\_\_\_  
 If paying by check, please make payable to SyngBio 2017 Conference, and send to SyngBio 2017 Conference, c/o Dr. Heather Masonjones, Biology Department, Cass Building, 401 West Kennedy Blvd, The University of Tampa, Tampa, FL 33606 USA.  
**Paypal is preferred method of payment. Please contact Heather Masonjones at [hmasonjones@ut.edu](mailto:hmasonjones@ut.edu) to coordinate.**  
 VISA — Mastercard — American Express  
 Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_  
 Cardholder Address: \_\_\_\_\_  
 Cardholder Email: \_\_\_\_\_ Cardholder Phone \_\_\_\_\_  
 Exhibitor Total \$ \_\_\_\_\_ — Sponsorship Total \$ \_\_\_\_\_ — Advertising Total \$ \_\_\_\_\_ — TOTAL FEES \$ \_\_\_\_\_

*Thank You!*

## COMBINE YOUR EFFORTS WITH OUR HOST-SPONSORS:

