



Workshop On Advancing Containment Practices In Animal Research

Today's Date: _____ Contact Person: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Person Email: _____ Web Site: _____

| | | |
|---------------------------|---------------------------------------|-------------|
| SPONSORSHIP LEVEL: | <input type="checkbox"/> Silver | \$ 6,000.00 |
| | <input type="checkbox"/> Bronze | \$ 3,000.00 |
| | <input type="checkbox"/> Exhibit Only | \$ 1,800.00 |
| TOTAL \$ _____ | | |

BOOTH CHOICES: (A layout of the exhibitor spaces can be found in the email

1ST _____ 2ND _____ 3RD _____

PAYMENT INFORMATION

I would like to pay by check (Please make Check Payable to Eagleson Institute. US Funds Only)
An invoice will be sent for payment upon receiving this form.
Please pay within 72 hours of sending registration form to Eagleson.

Name to send invoice to: _____

E-Mail to send invoice to: _____

TO REGISTER

mail/fax completed form with check/credit card payment to:
Eagleson Institute, 175 Gatehouse Road, Sanford ME 04073
Phone: 207-490-1076, FAX: 207-490-7106; e-mail:
eagleson@eagleson.org

CANCELLATION & REFUND POLICY

Sponsors/Exhibitors who cancel 31 days before the event start date are entitled to a full refund less \$75 service fee. No refunds will be given with less than 30 days' notice. Notification of cancellation must be received in writing.

We will send a form requesting who will be exhibiting on February 1st.