

PATHOBIOLOGY



Mechanisms of Disease

2025

April 26-29 | Portland, OR

Exhibit & Sponsor Registration Form

Please complete and send to Lisa McFadden (lmcfadden@asip.org).

APPLICANT INFORMATION

Company/Organization:

Contact Name:

Email:

Phone:

Address:

City:

State/Province:

ZIP Code:

SPONSORSHIP LEVELS

ADDITIONAL SPONSORSHIP OPTIONS

Diamond \$10,00

Silver \$3,500

Travel Award \$3,000

Lanyards \$2,500

Platinum \$7,500

Bronze \$1,850

Spotlight Session \$1,000

Email Promotion \$2,000

Gold \$5,000

Non-profit \$900

Program Ad (choices below)

A-la-carte _____

Additional Exhibitor Badge \$150

(Inside Front Cover \$1,000, Inside Back Cover \$1,500, Inside \$500)

EXHIBIT INFORMATION

Will you be exhibiting? YES NO

REPRESENTATIVE INFORMATION

Please confirm any representatives you will be sending on behalf of your company to be registered for this meeting. Please note the following complimentary registrations given according to sponsorship level (Diamond=4 Platinum=3, Gold=2, Silver, Bronze & Non-profit=1). **Any additional representatives MUST pay for an additional badge (\$150)**

Representative Name:

Email:

Phone:

Representative Name:

Email:

Phone:

PAYMENT INFORMATION

TOTAL AMOUNT TO BE CHARGED: \$

Check / Money Order (**PREFERRED**): Make payable to the American Society for Investigative Pathology – 9650 Rockville Pike, Bethesda MD 20814 USA.

Credit Card: VISA MC/Euro AMEX Discover

*If paying by credit card, this form may be faxed to (301) 634-7455

Security Code _____

Card #:

Exp. date (mm/yyyy):

Billing name:

(if different from above)

Email:

Phone:

Address:

(if different from above)

City:

State/Province:

ZIP Code:

SIGNATURE

I authorize the above payment and understand that due to the nature of the event, no refunds will be issued for sponsorship payments. Details of exhibiting at the meeting can be found on the accompanying prospectus.

Signature:

Date: