



July 13-16, 2008
Columbus, Ohio, USA

12

12th International Meeting on Chemical Sensors

SPONSORSHIP FORM

.....

First Name: _____ **Last Name:** _____
Title: _____ **Company/Organization:** _____
Address: _____
City: _____ **State:** _____ **Country:** _____
Postal Code: _____ **Tel:** _____ **Fax:** _____
E-mail (required): _____

Sponsorship Levels:

- _____ **\$1000 Donation**
includes one exhibit table and acknowledgment in program book
- _____ **\$2000 Donation**
includes one exhibit table, one complimentary registration, and
acknowledgment in program book
- _____ **\$3000 Donation**
includes one exhibit table, two complimentary registrations, and
acknowledgment in program book

Total Amount Due: _____

Payment Options:

Pay by Credit Card: Please charge the full amount to the card listed below.

(check one) _____ **Visa** _____ **Mastercard** _____ **Discover**
Card Number: _____ **Exp. Date:** _____
Name on Card: _____

Pay by Purchase Order:

Purchase Order Number: _____
Company: _____
Address: _____

For Office
UseOnly:
D# _____
Ref # 8029
Coder _____
Amt. _____
Pt/Cca _____

Pay by Check or Money Order: Please send a completed registration form along with payment to: Continuing Education, 1050 Carmack Road, 225 Mount Hall, Columbus OH 43210. Fax: 614-292-0492.

Sponsorship forms received without payment will not be accepted.