SPONSORSHIPS—Application Form

Please check the option that you would like to sponsor:

☐ 2-Hour Reception Sponsor “Premier Sponsor”– Cost: $6,000 USD. Benefits:
   - Advertisement space in the *Book of Abstracts* – sponsor must provide the ICDD with their 8 ½” x 11” double sided color ad to be placed in the *Book of Abstracts*. Please send 100 copies to the ICDD by 15 April 2011.
   - Logo & Link to sponsor’s web site in the electronic *Program* distribution. The program will be sent to approximately 5,000 targeted e-mail contacts.
   - First choice of exhibit location.
   - Banner advertisement on the PPXRD web page with a link to the sponsor’s web site (120x120 pixels).
   - Logo on all further PPXRD marketing materials and event signs listing you as a “Premier Sponsor” and a sign at the reception acknowledging your company’s sponsorship.

☐ Coffee Break Sponsor: Cost: $1,250 USD. Benefits:
   - Advertisement space in the *Book of Abstracts* – sponsor must provide the ICDD with their 8 ½” x 11” double sided color ad to be placed in the *Book of Abstracts*. Please send 100 copies to the ICDD by 15 April 2011.
   - Mention in our electronic *Program* distribution. The program will be sent to approximately 5,000 targeted e-mail contacts.
   - Banner advertisement on the PPXRD web page (120x70 pixels).
   - Signs acknowledging sponsorship prominently displayed at PPXRD-10.

☐ Advertisement in the *Book of Abstracts* – Cost $500 for exhibitors or $1,000 for non-exhibitors:
   - Exhibitor □ Non-exhibitor
   - Ad size is 8 ½” x 11”; advertisers to provide the ICDD with 100 double-sided color copies to be inserted into the *Book of Abstracts* by 15 April 2011.

PAYMENT INFORMATION—Full payment must be submitted with your application.

Total amount due $______________ USD

Please check one of the following options:

☐ Check enclosed (payable to ICDD) or ☐ Charge exhibit fee to credit card
   - Check one: □ Visa □ MasterCard □ American Express

Card Number:_____________________________ Exp.________________________

Card Holder Name:_________________________ Card Holder Signature________________________

RETURN APPLICATION FORM TO:
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