



2012 Corporate Council Membership Application

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Website: _____

Authorized Representatives	Primary Contact	Alternate Contact
Name		
Email		
Phone		
Address (if different from address above)		

Give a brief description of products and services your company offers:

Payment Information

Your Corporate Council membership category is based on the size of your booth space at the most recent ASMBS Annual Meeting, and does not include exhibiting fees.

_____ \$10,000 Level	Over 400 square feet
_____ \$5,000 Level	Between 201-400 square feet
_____ \$1,200 Level	200 square feet and under
_____ \$1,200 Level	Non-exhibiting company

Total Payment: \$ _____

Method of Payment (in U.S. Funds): <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express				
Card Number:		Expiration Date:		
Cardholder Name (Print Name):				
Billing Address:				
City:		State:		Zip Code:
Signature:				

Remit this form along with payment to:
 ASMBS, Attn: Pat Watson, 100 SW 75th Street, Suite 201, Gainesville, FL 32607
 Fax: 352-331-4975 Email: watsonp@asmbs.org