



2012 Corporate Council Membership Application

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Web Address: _____

Authorized Representatives:

Primary _____ email: _____ Phone _____

Alternate _____ email: _____ Phone _____

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

Payment Information

Your membership renewal fee is based on the size of your booth space at the ASMBS Annual Meeting, and does not include exhibiting fees.

_____ \$10,000 Level Booth over 400 square feet
 _____ \$5,000 Level Booth between 201-400 square feet
 _____ \$1,200 Level Booths 200 square feet and under and non-exhibitors

YES, I would like to donate \$_____ to the ASMBS Expanded Access and Advocacy Efforts on Capitol Hill.

Total Payment: _____

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

**Dues must be received no later than January 31, 2012 to receive priority points for the 2012 Annual Meeting*

Remit this form along with payment to:
 ASMBS, Attn: Pat Watson, 100 SW 75th Street, Suite 201, Gainesville, FL 32607
 To charge, fax this completed form to: 352-331-4975; or email to watsonp@asmbs.org