

**AMLI • 23RD ANNUAL MEETING
2010 EXHIBITOR AND CORPORATE MEMBERSHIP
FORMS AND AGREEMENT**

***ALL PAYMENTS MUST BE ACCOMPANIED BY
A SIGNED LETTER OF AGREEMENT***

REGISTRATION FORM

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor's activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its agents, servants and employees from any such losses, damages and claims.

Company Name	
Contact Name	
Address	
Address	
City, State, Zip	
TELEPHONE(s) / Cellular	
FAX	
E-MAIL	
Corporate Membership	___ \$750.00
Exhibitor fee for Corporate Members	___ \$950.00 (electricity must be ordered directly from the Hyatt)
Exhibitor fee for Non-Members	___ \$1,450 (electricity must be ordered directly from the Hyatt)

Send Completed Form, Signed Letter of Agreement and Payment to:
Maggie Fogel, AMLI Administrator
34 West 83rd Street, Suite R, New York, New York 10024
TEL 212-873-2955, FAX 212-873-2344, maggie@maggiefogel.com

Meeting Annual Dinner	No. ___ at \$50.00 per person (members) No. ___ at \$75.00 per person (non-members)
Names of Exhibitors for Badges	
Educational Grants	___ Elite (\$10,000 or greater) ___ Platinum (\$5,000-\$9,999) ___ Gold (\$2,500-\$4,999) ___ Silver (\$1,000-\$2,499) ___ Bronze (\$500-\$999) ___ Contributor (\$499 or less)
Other Support Opportunities	<p><i>(Co-Host support is also available)</i></p> ___ Continental Breakfast Host \$3,500 (4 available) ___ Morning Break Host \$1800 (3 available) ___ Luncheon Seminar (Host picks up all costs-3 available) ___ Saturday Evening Poster Session Host \$7,500 ___ Sunday Evening Cocktail Party Host \$4,500 (taken) ___ Sunday Evening Annual Dinner Host \$10,000 subsidy <p>Abstracts \$500 per award</p> ___ Young Investigator (taken) ___ Lab Manager (taken) ___ Doctorate

<p>PAYMENT - TOTAL AMOUNT \$ _____</p> <p>CHECKS: Please make checks payable to "AMLI"</p> <p>CREDIT CARD: We wish to use Visa _____ MasterCard _____</p> <p>Credit Card Number: _____ Exp. Date: _____</p> <p>Name as it appears on card: _____</p> <p>Signature: _____ Amount of Charge \$ _____</p>

Send Completed Form, Signed Letter of Agreement and Payment to:
 Maggie Fogel, AMLI Administrator
 34 West 83rd Street, Suite R, New York, New York 10024
 TEL 212-873-2955, FAX 212-873-2344, maggie@maggiefogel.com