

## CREDIT CARD AUTHORIZATION FORM

### EXHIBITOR INFORMATION

COMPANY NAME \_\_\_\_\_ (“Company or Exhibitor”)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

### FEES & PAYMENT

**Exhibitors & Sponsors please mark your exhibit or sponsorship selection(s) below**

- |   |  |
|---|--|
| <input type="checkbox"/> Diamond Sponsor - \$30,000                     | <input type="checkbox"/> Internet Café - \$5,000                 |
| <input type="checkbox"/> Platinum Sponsor - \$20,000                    | <input type="checkbox"/> Room Key Sponsorship - \$5,000          |
| <input type="checkbox"/> Gold Sponsor - \$10,000                        | <input type="checkbox"/> Pens - \$4,000                          |
| <input type="checkbox"/> Silver Sponsor - \$5,000                       | <input type="checkbox"/> Notepads - \$4,000                      |
| <input type="checkbox"/> Exhibit Booth Only - \$4,000                   | <input type="checkbox"/> Refreshment Break Sponsorship - \$3,000 |
| <input type="checkbox"/> Pre-Conference Workshop (1 hour) - \$5,000     | <input type="checkbox"/> Lanyards - \$3,000                      |
| <input type="checkbox"/> Pre-Conference Workshop (30 minutes) - \$3,000 | <input type="checkbox"/> Ad in Program - \$1,500                 |
| <input type="checkbox"/> Conference Bags - \$15,000                     | <input type="checkbox"/> Web Banner - \$1,000                    |
| <input type="checkbox"/> CAP Foundation Travel Awards - \$11,000        | <input type="checkbox"/> Room Drop - \$1,000                     |
| <input type="checkbox"/> Breakfast or Lunch Sponsorship - \$6,000       |  |

Total Due: \_\_\_\_\_

### Method of Payment (US Dollars)

AMEX    MasterCard    VISA

NAME (AS IT APPEARS ON CARD) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ VERIFICATION DIGITS \_\_\_\_\_ (3-digit # on back of card, or 4-digit on front, if AMEX)

By signing this form, I hereby authorize Pathology Visions to charge a 50% deposit immediately and the remaining balance on July 16, 2010.

Authorized Signature \_\_\_\_\_

Please fax or mail the completed form to:  
Pathology Visions 1360 Park Center Drive, Vista, CA 92081  
760.539.1134 (phone) 760.539.1164 (fax)  
exhibits@pathologyvisions.com