Exhibit/Sponsorship Registration Form

Exhibit Registration: The NAMBE 2019 Exhibit will be open from September 22-24, 2019. Each 8’ x 8’ booth space will include standard power, (1) 8’ tall back wall drape, 3’ tall side rail drape, (1) 6’ x 24” draped table, (2) chairs, (1) wastebasket, (1) exhibitor ID sign, (1) conference registration badge, (1) banquet ticket and (1) copy of the conference materials. Additional staff will need to register online at the exhibitor staff rate.

- $1,800 per booth

<table>
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<th>Sponsorship Level</th>
<th>Price</th>
<th>Event Recognition</th>
<th>Logo Listings: Web &amp; Print</th>
<th>Banner Ad</th>
<th>Print Ad</th>
<th>Promotional Literature</th>
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| Platinum          | $6,000| Banquet or Welcome Reception | • Logo Rotation and Web Link on Home Page  
• Logo and Web Link on the Sponsor, Abstract, Schedule and Registrations Pages  
• Logo and Web Link on the Mobile App Sponsor Page  
• Logo on General and Event Signage and Other Conference Materials | Mobile App | Full Page Color | Yes |
| Gold              | $3,000| Lunch             | • Logo and Web Link on the Sponsor and Schedule Pages  
• Logo and Web Link on the Mobile App Sponsor Page  
• Logo on General and Event Signage and Other Conference Materials | None | Full Page Color | Yes |
| Silver            | $1,500| Poster Session and Breaks | • Logo and Web Link on Sponsor Page  
• Logo on General and Event Signage and Other Conference Materials | None | Half Page Color | None |

Advertising:
- Full Color/Full Page Advertisement ($500) (8.5 x11 PDF, no bleeds—allow for comb bind)

Contact Information:

Name: _______________________________________________________________________________________________________
Company: _____________________________________________________________________________________________________
Address: ___________________________________________________________________________ Mailstop: ________________
City: ___________________________________________ State: _________________ Postal Code: ________________________
Province: _______________________________________________ Country: ____________________________________________
Phone: ________________________________________________ Fax: ________________________________________________
E-mail: _______________________________________________________________________________________________________

Method of Payment:
- Check enclosed (payable to AVS in U.S. dollars and drawn on a U.S. bank, AVS Tax ID No.: 04-2392373)
- Charge my:  
  - MasterCard  
  - VISA  
  - American Express

Card Number: ________________________________________________ Exp. Date: ________________________
Cardholder Name: ____________________________________________________________________________________________
Cardholder Signature: ___________________________________________ Date: ____________________________

TOTAL AMOUNT: $________________ U.S. Dollars

Exhibit Contact: Heather Korff, heather@avs.org, 530-896-0477, fax 530-896-0487
Please Send Payment to: AVS, 110 Yellowstone Dr., Suite 120, Chico CA 95973