



Office of Continuing Education
Cornell University
S2 113 Schurman Hall, Box 52
Ithaca, NY 14853-6401
Telephone: 607-253-3200
Fax: 607-253-3198

SPONSOR/EXHIBITOR REGISTRATION

Sponsor and Exhibitor Booths: Exhibit booth space is available on a first-come, first-served basis. We will continue to accept your requests as long as there is space available. However, if your sponsorship or exhibit booth space is not paid prior to June 1, 2012, we cannot guarantee your inclusion in the exhibitor/sponsor publicity materials or your exhibit location.

Exhibit space fee includes: Two parking permits, one 6' draped table with electricity, lunch for two exhibitors on Friday and Saturday, and admission to Saturday night's Purple Party and Silent Auction. Additional conference nametags can be purchased at the registration desk for \$200 each.

Company Name: _____

Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

What is the nature of your business? _____
(With this information we will make every effort to separate similar companies in the exhibit hall.)

Will you contribute an item to the silent auction on Saturday night? [] Yes [] No

I am participating as: [] A Sponsor Only [] An Exhibitor Only [] A Sponsor and An Exhibitor

Check Where Applicable TOTAL
[] I would like to participate as a [] Platinum [] Gold [] Silver [] Bronze Sponsor
My Company will sponsor: (Please identify what financial level.) \$ _____

[] Please register me for my one complimentary Premium Exhibit Booth Space
with my Platinum or Gold Sponsorship. \$ No Charge

[] Please reserve _____ Premium Exhibit Booth Spaces @ \$1,100 each prior to
September 1; after September 1 each booth space is \$1,200 each for a total of \$ _____
My booth location preferences are: 1. _____ 2. _____

[] Please reserve _____ Prime Exhibit Booth Spaces @ \$800 each prior to
September 1; after September 1 each booth space is \$900 each for a total of \$ _____
My booth location preferences are: 1. _____ 2. _____

Brought to you by the NYSVMS and Cornell University College of Veterinary Medicine.

Please list company representative(s) who will attend the conference. Exhibitors will receive one parking permit mailed to each of the representatives addresses below prior to the conference.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Exhibitor Schedule: Thursday, September 27 ~ Exhibitor set-up and Welcome Reception
Friday, September 28; 9:30 am – 5:00 pm
Saturday, September 29; 8:30 am – 5:00 pm
Sunday, September 30; 8:30 am – 12:00 pm

Our company representatives will be attending the Welcome Reception on Thursday evening, September 27, from 6:00-8:00 pm.

Payment

Enclosed is a check or money order made payable to Cornell University in the amount of: \$ _____

Please charge the total sponsorship/exhibitor fee of \$ _____ to my: VISA Mastercard Discover American Express

Account Number: _____

CVV Code (Security Code): _____ Expiration Date: _____

Name on Card: _____

Billing Zip Code of Card: _____

Cancellation Policy:

To cancel sponsorship or booth space call 607-253-3200. Your refund fee will be less a \$50 processing charge if the cancellation is received prior to May 1, 2012. Booth space cancellations made May 2 through August 31, 2012, will result in a 50% refund. After August 31, 2012, there will be no exhibit booth refunds. Sponsorship cancellations will not be refundable after June 1, 2012, due to printed marketing materials.

Please return the enclosed application form and payment to:
Cornell University, College of Veterinary Medicine, Office of Continuing Education,
S2 113 Schurman Hall, Box 52, Ithaca, NY 14853-6401

Brought to you by the NYSVMS and Cornell University College of Veterinary Medicine.