



EXHIBITOR BOOTH SPONSOR FORM

The vendor commitment is: **\$5,000**

Vendor Name _____

as it should appear on the printed program

Vendor Billing Address _____

City _____ State _____ ZIP _____

VENDOR CONTACT INFORMATION

Email _____ Phone _____

AUTHORIZED VENDOR REPRESENTATIVE

The company named below hereby agrees to pay The Genome Partnership within 30 days of receiving an invoice.

Signature _____ Date _____

Printed Name _____

Title _____ Company _____

Enhance your quality interactions with attendees by reserving one of our limited booths. Please note, we are not a trade show, but instead a high-end networking event with top leaders and innovators working to make Precision Health part of the everyday standard of care. Your booth comes with two complimentary support or tech badges and does not include lodging, meals, or scientific sessions. ****This agreement is non-refundable.***