



EXHIBITOR BOOTH SPONSOR FORM

The vendor commitment is:

\$3,500 before July 31, 2019 | Standard rate 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 in full within 10 days. Your signed bid sheet combined with your winning bid is considered a non-refundable legally binding contract for your organization to pay the full amount.

Signature _____ Date _____

Printed Name _____

Title _____ Company _____

Please note, we are not a traditional 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 exhibitor badges and does not include lodging, meals, or scientific sessions. *This agreement is non-refundable.