



AGBT™
PRECISION HEALTH

EXHIBITOR BOOTH SPONSOR FORM

The vendor commitment is:

\$3,500 until July 30, 2020 | Effective July 31, 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 email the completed form to Leisaz@agbt.org.