



AGBT™  
PRECISION HEALTH

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## EXHIBITOR BOOTH SPONSOR FORM

The vendor commitment is:

**\$3,500** until July 30, 2021 | Effective July 31, standard rate is **\$5,000**

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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 \_\_\_\_\_

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Please email the completed form to [sarahw@agbt.org](mailto:sarahw@agbt.org).