



# 2nd Trans-Atlantic Meeting Metabolic Surgery

Buenos Aires, Argentina  
September, 24, 2008



In Conjunction with IFSO XIII World Congress

## SUPPORT OPPORTUNITY

Please submit via mail or fax to: ASMBS • 100 SW 75th Street, Suite 201 • Gainesville, FL 32607 • Fax: 352.331.4975  
www.asmbms.org • info@asmbms.org

### CONTACT AND MAILING INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website Address: \_\_\_\_\_

### SUPPORT SELECTION (please indicate your intended level of support)

**Platinum Supporter Unrestricted Education Grant** \$ 30,000 USD \_\_\_\_\_

**Gold Supporter Unrestricted Education Grant** \$ 20,000 USD \_\_\_\_\_

**Silver Supporter Unrestricted Education Grant** \$ 15,000 USD \_\_\_\_\_

**Bronze Supporter Unrestricted Education Grant** \$ 10,000 USD \_\_\_\_\_

\*It is the policy of the ASMBS that social events cannot take precedence or compete with ASMBS CME activities. For a copy of the policy, please contact the ASMBS office.

### PAYMENT

Bill Credit Card for: \$ \_\_\_\_\_ Name on Card: \_\_\_\_\_

AMEX  VISA  MasterCard: # \_\_\_\_\_ Exp.: \_\_\_\_\_

I am an authorized representative of the company named above with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all of the policies, rules, terms or regulations of ASMBS. I further acknowledge that ASMBS reserves the right, in its absolute discretion, to reject this Application and Contract. Moreover, this application form shall not become a binding contract until fully executed by the parties (the exhibitor and ASMBS) hereto.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

ASMBS Office use only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_