



**Sponsorship Request Form
Deadline: April 30, 2008**

September 10-13, 2008

Sponsorship opportunities are offered on a first-come, first-served basis according to the date that the form is received.

CONTACT INFORMATION:

Company _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Mobile _____ Fax _____

E-mail _____

OPPORTUNITIES: 1. _____ Cost: _____

2. _____ Cost: _____

3. _____ Cost: _____

4. _____ Cost: _____

Total: _____

PAYMENT METHOD

NOTE: Although no payment is due until your sponsorship has been confirmed, we would like to have on file your method of payment.

Check is enclosed in the amount of \$ _____
Make check payable to: 2008 World Molecular Imaging Congress

Bill the following credit card:
Credit card type: _____ **VISA** _____ **M/C** _____ **AMEX**

Name as it appears on card _____

Authorized Signature _____

Credit Card Number: _____ Exp ____/____

Please send invoice. Purchase Order Number: _____

To send a wire transfer, please email ami@mednet.ucla.edu for instructions.

Please Mail or Fax to:

Academy of Molecular Imaging, Box 951735, Los Angeles, CA 90095-1735 USA

Phone: 310-267-2614 Fax 310-267-2617

Tax ID # 52-1706066