



Foundation

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SUPPORT COMMITMENT AGREEMENT AND BILLING INFORMATION:

I/We agree to the below financial participation in support of --
The International Conference on Bioactive Lipids in Cancer, Inflammation and Related Diseases

Print Name & Title: _____

Authorized Signature: _____

Company Name: _____

Contact Person: _____

Email (required): _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Organization Website: _____

Level of Financial Support:

_____ Principal (\$10,000 - \$50,000)

_____ Major (\$5,000 - \$9,999)

_____ Contributor (\$1,000 - \$4,999)

Exhibitor Interest:

_____ One 8' x 10' exhibitor booth - \$3,000

Payment Options:

_____ Check enclosed (Made payable to: **Eicosanoid Research Foundation**)

_____ Invoice us

Please return the completed form to, Christopher Harris, at the above address

THANK YOU FOR YOUR SUPPORT OF THIS IMPORTANT INTERNATIONAL CONFERENCE