

SPONSORSHIP PLEDGE FORM

Level 1 (US\$5000); **Level 2** (US\$2,500); **Level 3** (US\$500)

Company _____ (as it should appear in program)

Contact Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Fax _____

*Email _____ Phone _____

Website _____

Onsite Contact _____

Onsite Contact Email _____

Company Description – Please provide a company description to be printed in the program and your company logo. Logo must be in .ai or .eps format.

Payment

Total Amount Enclosed US\$ _____

Check (please make payable to International Embryo Technology Society, must be drawn on US bank in US dollars) – **or** –

Please charge US\$ _____ to my credit card. Charge will appear as FASS online services on your statement.

American Express Discover MasterCard Visa

Card Number _____

Expiration Date _____

*Signature _____ Date _____

*Required

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