



Mid-Atlantic Biological Safety Association

Sponsorship Renewal Invoice

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MABSA homepage

<http://www.mabsa.org>

Dear MABSA Sponsor,

Thank you for your continued support of the Mid-Atlantic Biological Safety Association (MABSA). Our records indicate that your sponsorship is due for renewal. Please select your sponsorship level.

Silver Sponsor: \$150.00 per year. Sponsoring company or associate can name up to four individuals as full members, be recognized in the MABSA directory on the Corporate Sponsor page as well as have their corporate logo on the MABSA website.

Gold Sponsor: \$250.00 per year. Sponsoring company or associate can name an unlimited number of individuals as full members, be recognized in the MABSA directory on the Corporate Sponsor page as well as have their corporate logo on the MABSA website.

Platinum Sponsor: >\$250.00 per year. Sponsoring company or associate can name an unlimited number of individuals as full members, be recognized in the MABSA directory on the Corporate Sponsor page as well as have their corporate logo on the MABSA website.

Please print this form for your records and return a copy to MABSA. Sponsorship can be paid on via PayPal at www.mabsa.org or via check to:

Brian Eggert
Rutgers University
30 Bergen Street, ADMC Room 304
Newark, NJ 07101-1709

Mid-Atlantic Biological Safety Association Tax ID # 22-3251822

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Website: _____

Authorization by: _____

Title: _____

Date: _____

Indicate individuals who will be listed as full members in MABSA:

Member Name: _____

Title: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Member Name: _____

Title: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Member Name: _____

Title: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Member Name: _____

Title: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Member Name: _____

Title: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Member Name: _____

Title: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ **Fax:** _____