



SPONSORSHIP AGREEMENT

16th International Symposium on Microencapsulation

This agreement is entered into between the **University of Kentucky College of Pharmacy**, hereinafter referred to as the "College," and the hereinafter referred to as the "Sponsor" for the following activity:

Title of Activity	Sponsorship/Exhibit - 16 th International Symposium on Microencapsulation
Location	Lexington Convention Center – Lexington, Kentucky, USA
Dates	September 9-12, 2007 – exhibits on September 10-11 only

Sponsor Contact Information:	
Name	
Company Name	
Address	
City, State/Province, Postal Code, Country	
Telephone	
Fax	
E-mail address	

College Contact Information:

Kim Page
 725 Rose St., Pharmacy Bldg.
 Lexington, KY 40536-0082
 1-859-257-5320 ext. 80340
 kim.page@uky.edu

LEVEL OF SPONSORSHIP REQUESTED:

_____ Gold Sponsor (\$10,000)	_____ Silver Sponsor (\$6,000)	_____ Bronze Sponsor (\$3,000)
_____ Exhibit only (\$2,500)	_____ Leaflet insertion (\$1,000)	_____ Advertising page (\$1,000)
_____ Poster (\$2,000)	_____ Logo in final program and abstract book (\$750)	

For Gold, Silver and Exhibit-only Sponsors, the College agrees to:

1. Provide exhibit space of 8 x 10 feet for the exhibitor.
2. Abide by Terms and Conditions included in this agreement.
3. Provide the following equipment:
 - One (1) standard 8-foot back drape and one (1) 3-foot side arm drape
 - One (1) 6-foot skirted table
 - Two (2) folding chairs

Gold, Silver and Exhibit-only Sponsors: Please fill out the information below if you require additional equipment. This equipment may or may not be available. A confirmation will be sent to you.

- Electrical Outlet (s) _____ How Many _____
 - Extension Cord (s) _____ How Many _____ Approximate Length _____
 - Table (s) _____ How Many _____
 - Chair (s) _____ How Many _____
 - Other _____
- _____
- _____

By signing this agreement, the Sponsor agrees to:

1. Abide by Terms and Conditions provided in this agreement.
2. Set up and remove exhibits as stated in Terms and Conditions.
3. Provide full payment for exhibit with submission of this agreement.

Method of Payment:

Check for full payment of sponsorship must accompany this agreement. Failure to do so may result in loss of sponsorship and/or exhibit space.

Make check payable to:

University of Kentucky (Tax ID number 61-6001218) and send to:
Pharmacy and Medicine Continuing Education
Attn: Ms. Crechale Stevens
One Quality Street, 6th Floor
Lexington, KY 40507-1507

Cancellation or Termination of Agreement:

This agreement may be canceled or terminated by the College upon written notice of the provider. Upon receipt of the "notice of cancellation or termination", the provider shall discontinue all services with respect to the applicable agreement in accordance with the notice of cancellation or termination. The cost of any agreed upon services provided by the provider will be calculated on a pro-rated basis at the agreed upon rate prior to the "notice of cancellation or termination."

Please sign and return the agreement with payment.

A countersigned copy will be returned via mail or e-mail.

Agreed to by:

Exhibitor Representative date

College Representative date

Title

Title

Terms and Conditions

1. **Contract:** This application, when accompanied by the required payment and accepted by the College, constitutes a binding contract between the Sponsor and the University of Kentucky College of Pharmacy, host of the 16th International Symposium on Microencapsulation. Acceptance of the application consists of written confirmation to the Exhibitor from the College.
2. **Payment:** This agreement must be accompanied by full payment. Agreements received without a check for full payment will not be accepted. Payments must be sent the address supplied in this Exhibitor's Agreement under the subheading "Method of Payment."
3. **Exhibitor Cancellation:** The College must receive written notification via mail or e-mail, and confirm acknowledgment of receipt, at least 30 days prior to the event in order for the Exhibitor to receive a 50 percent refund. Cancellations must be received by the College by August 9, 2007. Cancellation notices should be sent to: Ms. Kim Page via e-mail to: kim.page@uky.edu.
4. **Assignment of Space:** Assignment of space will be made on a first-come, first-served basis. Space will be assigned by a Lexington Convention Center representative just prior to the symposium. Exhibitors will be notified of their space assignment when they arrive on site. The assignment designation and regulation shall be at the sole discretion of the College and the Lexington Convention Center.
5. **Use of Exhibit Space:** All exhibit space will be 8x10 feet. All materials must fit within these parameters.
6. **Tabletop Exhibitor Badges:** Each Exhibitor is entitled to one (1) complimentary exhibitor booth personnel symposium registration. This entitles the designated individual to attend all meeting sessions, luncheons and receptions for the entire symposium. All additional personnel must be registered at the full attendee rate as outlined in the "Registration Fees" portion of the symposium brochure and web site (<http://www.mc.uky.edu/cpst/micro16>), using the registration form located on the web site. An exception to this requirement are Exhibitors at the Gold Sponsor level, who will receive two (2) complimentary symposium registrations, with additional personnel requiring registration and payment.
7. **Exhibit Move-in:**
September 10, 2007: 7 a.m. to 9:30 a.m. all exhibits must be set up by 9:30 a.m.
8. **Exhibit Hours:**
September 10, 2007: 9:50 a.m. – 5:30 p.m.
September 11, 2007: 9:50 a.m. – 5:30 p.m.
9. **Exhibit Move-out:**
September 11, 2007: 5:30 p.m. – 8 p.m.