



## 2020 Cancer Genomics Consortium

### Virtual Annual Meeting

August 4 - 5, 2020

#### Vendor Commitment Form – GOLD LEVEL EXHIBITOR

**Vendor Name:** (as it should appear)

**Vendor Billing Address:**

**Billing Email Address** (for invoice):

**Vendor Level of Support:**

Gold (\$2750)

**Amount Due**

\$ \_\_\_\_\_

**Please indicate preference:**

Send Invoice for Payment by Credit Card

Send Invoice for Payment by Check

**Name of Vendor Contact:** (for meeting logistics):

**Contact email:**

**Contact phone** (work):

**Contact phone** (mobile):

#### AUTHORIZATION:

*By signing below, vendor commits to supporting the 11th Annual Meeting of the Cancer Genomics Consortium (CGC) at the level indicated above. If vendor chooses to be invoiced, vendors commits to timely payment of the full amount within 30 days of receiving invoice. **All payments of support for the 11th Annual Meeting need to be received by the CGC no later than July 27th, 2020.** (Virtual exhibits open July 27<sup>th</sup> for participant visits.)*

#### Authorized Vendor Representative:

**Name:**

**Title:**

**Signature:**

**Date:**

**Phone Number:**

**Email:**

**For CGC Office Use:**

<b>Date Form Received:</b>	<b>Form Received by:</b>	<b>Payment</b>
/ /	<input type="checkbox"/> Email <input type="checkbox"/> Regular mail	<input type="checkbox"/> Attached <input type="checkbox"/> Invoice