

# 4<sup>th</sup> Annual Life Sciences Career Development Conference

*Building Successful Industry-University Partnerships  
Careers, Collaborations & Contracts*

## 2005 Exhibitor Registration Form

### Client Information:

Organization/Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Key Contact Person \_\_\_\_\_

Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Assistant/Alternative Contact \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Number of Booths \_\_\_\_\_ Total Price \$ \_\_\_\_\_

### Accounts Payable:

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Company Profile (150 word maximum please):

Please return completed application to [kposnanski@notes.cc.sunysb.edu](mailto:kposnanski@notes.cc.sunysb.edu) or fax to 631-632-8577.  
For questions please call 631-632-8521

#### For Office Use Only

Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Booth Number \_\_\_\_\_