



**Expand your Company's Reach by Supporting AMP Educational Endeavors throughout the Year**

ASSOCIATION FOR MOLECULAR PATHOLOGY  
**2012 AMP Corporate Partners Program**

**Commitment Form**

The AMP Corporate Partners Program is designed to elevate and expand the visibility and reach of AMP corporate supporters. By pledging to contribute specific amounts of funding for AMP educational initiatives, companies earn the status of Corporate Partner and receive additional benefits not offered to other corporate supporters. In addition, Corporate Partners receive recognition for each of the services to which their funds are applied.

Partnerships are renewable each year. Advertising and other commercial activity does not qualify for Corporate Partner funds. Visit [www.amp.org](http://www.amp.org) to view all AMP Promotional Opportunities.

**Select Your 2012 Corporate Partnership Level:**

- Diamond Partnership, \$75,000/year
- Platinum Partnership, \$50,000/year
- Gold Partnership, \$30,000/year
- Silver Partnership, \$15,000/year

**Select Your Payment Plan:**

- Full Payment Enclosed
- Four (4) Payment Plan:

*Please include the first payment with this form.*  
 #1 - 25% due 2/29/2012

*AMP will invoice you one month prior to the payment-due date for the following three payments. Invoice will be sent to the contact name listed at right.*

- #2 - 25% - payment due 4/30/2012
- #3 - 25% - payment due 6/29/2012
- #4 - 25% - payment due 8/31/2012

**Contact Information:**

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

**Payment:** (please indicate desired partnership level and payment plan at left)

- Check enclosed (made payable to "Association for Molecular Pathology" or "AMP")

Charge my credit card\* Amount \$ \_\_\_\_\_

- VISA     MasterCard     American Express

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Holder Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_



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**\*IMPORTANT:** If paying by credit card, the charge on your credit card statement will be from the American Society for Investigative Pathology (ASIP). AMP is a constituent society of the office of the American Society for Investigative Pathology and uses the ASIP credit card processing system.