



Sponsorship Application

Sponsor Representative:

Name _____

Title _____

Company _____

Mailing Address _____

City, State, Zip _____

Email _____

Phone _____

Fax _____

Tax deductible sponsorship contribution:

Friend	\$5,000
Affiliate	\$50,000
Partner	\$100,000

Other Amount _____

Checks should be made payable to “**The Regents of the University of California**”.

Sponsorship is renewable on an annual basis.

Send your sponsorship contribution and the completed application form to:

Pierre F. Baldi, Ph.D.
Director
Institute for Genomics and Bioinformatics
4038 Bren Hall
University of California, Irvine
Irvine, CA 92697-3435

For more information, contact Pierre F. Baldi at:

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