



NOTICE OF INTENT TO SUPPORT
The 8th International Biennial National Lymphedema Network Conference
Lymphedema: Riding the Wave of Discovery
August 27 - 31, 2008 ♦ San Diego, CA

OPTION 1. CONFERENCE SUPPORT

Level of commitment for 2008 NLN Conference:

My company will support in the amount of: \$

Grant type will be:

Restricted educational grant(s) to be used for costs associated with the following Support Opportunity(ies):

- 1. Description: In the amount of: \$
2. Description: In the amount of: \$
3. Description: In the amount of: \$

Other (please specify):

Grant Request:

Please send a grant request letter to \*

Please send an invoice to \*

\* Please provide address if different from information given below.

A grant request letter is not required.

OPTION II. Exhibiting

We also wish to exhibit. Please send an Exhibitor Application.

We wish only to exhibit this year, no additional support. Please send application.

We do not wish to exhibit this year.

THIS SECTION MUST BE COMPLETED. (Payment deadlines: Full balance due with Notice of Intent to Support form)

Company Name

Name of Company Representative

Mailing Address

Signature of Company Representative

City, State, Zip+4

Phone Number

Fax Number

Support opportunities are available on a first-come, first-served basis. PLEASE FAX THIS FORM TO: (510) 208-3110. Thank you.



# 2008 NLN CONFERENCE SUPPORT PAYMENT INFORMATION

*8<sup>th</sup> International NLN Conference*  
*Lymphedema: Riding the Wave of Discovery*  
**August 27 – 31, 2008**  
**Sheraton San Diego Hotel \* San Diego, CA**

**REQUIRED:** To complete your 2008 NLN Conference Support Application and secure your Support choice, please fill in the payment information below and submit this sheet, along with your application and 50% of your payment to:

**National Lymphedema Network  
NLN 2008 Conference Secretariat  
Latham Square, 1611 Telegraph Avenue, Suite 1111  
Oakland, CA 94612-2138**

## PAYMENT INFORMATION

### Enclosed (U.S. Funds):

- 50%** (Due at time of submission of Notice of Intent)
- Remaining balance due May 15, 2008

### Payment Type:

- Check enclosed** in the amount of \$\_\_\_\_\_.  
Please make checks payable to the *National Lymphedema Network or NLN.*

- Please **charge** the deposit in the amount of \$\_\_\_\_\_ to my:



Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Authorized Signature of Cardholder \_\_\_\_\_



## THANK YOU

Thank you so much for your commitment to support the 8<sup>th</sup> International NLN Conference. We are extremely pleased to provide our supporters with a unique and rare opportunity to reach a very specialized international audience of professionals: physicians, scientists, lymphologists, geneticists, wound care specialists, nurses, and physical, occupational and massage therapists. Biennial international NLN conferences bring together top experts in the field of lymphedema research and therapy for 4 days of intensive education, networking and information exchange. Your support plays an integral part in the continued rapid evolution and growth of this field, both in the United States and abroad.  
*Anticipated attendance: 800+ registrants.*

If you have any questions, please direct them to:

**NLN 2008 Conference Secretariat**  
1611 Telegraph Avenue, Suite 1111  
Oakland, California 94612-2138  
**Tel:** (510) 208-3200 **Fax:** (510) 208-3110  
**Email:** 2008conf@lymphnet.org  
**Website:** www.lymphnet.org