

SPONSORSHIP APPLICATION

COMPANY _____

NAME: _____

Address: _____

City/State/Zip: _____

Web Address: Email Address: _____

Phone: _____ Fax: _____

Contact Name: Signature: _____

- please check your desired area of support -

- Platinum Sponsor \$50,000
- Gold Sponsor \$25,000
- Silver Sponsor \$10,000
- Bronze Sponsor \$5,000
- Annual Dinner \$15,000
- Welcome Reception \$5,000
- Happy Hour \$3,000
- Lunch \$3,000
- Breakfast \$2,500
- Refreshment Break \$1,000

NEW VENDOR SUPPORT OPPORTUNITY:

- Thursday Vendor Workshop \$800

All grants and sponsorships will be visibly acknowledged in the printed program and with appropriate signage at the meeting and during sponsored functions.

The American College of Spine Surgery reserves the right to refuse any contribution, at its discretion.

TOTAL AMOUNT ENCLOSED \$ _____

Thank you for your support!