

Sponsorship Order Form

Becca Herbert

Sponsorship Relations

E: conference@csam-smca.org

Please download the form to your desktop before completing to ensure you can sign it properly.

Organization Information

Company Name:

Address:

City, Province:

Postal Code:

Primary Contact:

Title:

Email:

Telephone:

Choose Sponsorship Level

Gold:

For Profit: \$20,000
Not for Profit: \$8,000

Silver:

For Profit: \$10,000
Not for Profit: \$4,000

Bronze:

For Profit: \$5,000
Not for Profit: \$2,000

Platinum:

\$30,000

Exhibit Only:

\$3,500

A La Carte Sponsorship Opportunities

Lunch Break:

\$4,000

Coffee Break:

\$2,000

Networking Reception:

\$5,000

Gala Event:

\$8,000

Merchandising Sponsor:

\$1,000

Treatment Facility Tour:

\$1,000 + Operating Costs

Payment

Choose Method of Payment:

Visa

MasterCard

AMEX

Cheque

EFT

Card Number:

Expiry Date:

/

CSV:

Cardholder Name:
(Please Print)

Signature:

MM

YY