

Sponsorship Order Form

Becca Hebert

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

Sponsorship Relations

E: conference@csam-smca.org

Organization Information

Company Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Primary Contact: _____ Title: _____

Email: _____ Telephone: _____

Choose Sponsorship Level

Gold:

For Profit: \$20,000

Non Profit: \$8,000

Silver:

For Profit: \$10,000

Non Profit: \$4,000

Bronze:

For Profit: \$4,500

Non Profit: \$3,500

Platinum:

\$30,000

Friend of CSMA-SMCA (\$500+):

\$_____ (Please indicate the amount you would like to donate.)

A La Carte Sponsorship Opportunities

Social Events: \$8,000

Networking Reception: \$5,000

Merchandising Sponsor: \$1,000

Software Demonstration: \$1,000 + Operating Costs

Extra Booth Staff:

One additional person: \$350

Two additional people: \$700

By submitting a sponsorship or exhibitor application, the organization agrees to comply with all Rules and Regulations governing exhibits and sponsorships at the CSAM-SMCA Scientific Conference.

Printed Name: _____ Signature: _____

Payment

Choose Method of Payment: Visa MasterCard AMEX Cheque EFT

Card Number: _____ Expiry Date: _____ / _____ CSV: _____

Cardholder Name: _____ Signature: _____

(Please Print)