

SPONSOR LEVELS

SPONSOR REGISTRATION FORM

**PROSTATE CANCER AWARENESS DAY
MASSACHUSETTS STATE HOUSE**

SEPTEMBER 15, 2011

Grand Staircase, 10:30 a.m. to 2:00 p.m.

Please FAX this form to 617-507-2439 or email to smcphee@admetech.org
Please note that exhibits are limited in size to 6'x6'. Set up of exhibits will begin at 9:00 AM.

NAME OF COMPANY: _____

REPRESENTATIVE: _____

Full Name: _____

Title: _____

E-mail: _____

Phone number: _____

Address: _____

LEVEL OF SPONSORSHIP (See below for details):

Bronze \$2,500 ___

Silver \$5,000 ___

Gold \$10,000 ___

Platinum \$25,000 ___

METHOD OF PAYMENT:

Check ___

*Please mail check to:
AdMeTech Foundation
4 Longfellow Place
Suite 3802
Boston, MA 02114*

Credit Card ___

Name on credit card: _____

Amount to be charged: \$ _____

Credit Card Number: _____ *Exp. Date* _____