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|  |  |  |
| Prostate Cancer Awareness Day at the Atlantic Union College | | |

***SPONSOR REGISTRATION FORM***

*Please fax this form to AdMeTech Foundation at (617) 507-2439 or email* [*contact@admetechfoundation.org*](mailto:raul.miller@admetechfoundation.org)

**NAME OF COMPANY (IF APPLICABLE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPRESENTATIVE/INDIVIDUAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEVEL OF SPONSORSHIP (See attached details): PLEASE REPLACE WITH THE AUC BROCHURE INFORMATION RE: CORRECT NAME AND $ OF SPONSORSHIP LEVELS**

Silver: $5,000 \_\_\_ Bronze: $2,500 \_\_\_ Copper: $1,500 \_\_\_ Pewter: $500 \_\_\_ Exhibitor: $2,500 \_\_\_

**METHOD OF PAYMENT**

**I. Check** \_\_\_\_

*Please mail check payable to AdMeTech Foundation to:*

*AdMeTech Foundation, One Boston Place, Suite 2600, Boston, MA 02108*

**II. Credit Card** \_\_\_\_

*Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount to be charged: $\_\_\_\_\_\_\_\_\_\_*

*Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_*

*Approval of use via this signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**III.****Wire Transfer or ACH\_\_\_\_**

*Formal Name: Corporation for Advancement of Medical Technologies (DBA AdMeTech Foundation)*

*Routing Number (Bank of America:*

*For Wire\_\_\_ 026009593*

*For ACH\_\_\_ 052001633)*

*Bank account\_\_\_\_ 003916329827*