



SPONSOR REGISTRATION FORM

Please fax this form to Faina Shtern at (617) 507-2439 or email faina.shtern@admetechfoundation.org

NAME OF COMPANY: _____

REPRESENTATIVE: _____

Full Name: _____

Title: _____

E-mail: _____

Phone number: _____

Address: _____

LEVEL OF SPONSORSHIP (See attached details):

____ Platinum Sponsor (\$50,000) *Limited to five sponsors*

____ Gold Sponsor (\$25,000)

____ Silver Sponsor (\$15,000)

____ Bronze Sponsor (\$10,000)

____ Exhibitor (\$5,000)

____ High Profile One-Minute Commercial Video Ad During the Scientific Program (\$2,500)

____ High Profile Thirty-Second Commercial Video Ad During the Scientific Program (\$1,250)

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: _____ CVV: _____

III. Wire or ACH - Information is available upon request