



## ANNUAL MEETING SPONSORSHIP APPLICATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Representative Names Attending:

\_\_\_\_\_  
\_\_\_\_\_

Products/Services: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please indicate if you need electrical  Yes  No

Please indicate if you need a telephone line  Yes  No

We request participation as:

<input type="checkbox"/>	<b>Event Sponsor</b>	(\$5,000.00)
<input type="checkbox"/>	<b>Meeting Sponsor</b>	(\$3,500.00)
<input type="checkbox"/>	<b>General Exhibitor</b>	(\$1,000.00)

All sponsorships include one exhibit booth in a location determined by sponsorship level, one draped 2' x 6' table, two chairs and a company identification sign. (Please note that telephone lines are an additional cost as determined by the Marriott.)

Make checks payable to **Connecticut Orthopedic Society (tax id no. 200213167)**.

Payment should accompany this application and be mailed to:

Susan Schaffman, Executive Director,

CT Orthopedic Society

26 Riggs Avenue, West Hartford, CT 06107.

Paying by Credit Card – see next page

**ALL SPONSORSHIP LEVELS MUST BE PAID BY March 21st, OR THE SOCIETY RESERVES THE RIGHT TO OFFER SPONSORSHIP TO ANOTHER ORGANIZATION.**

**PAYING BY CREDIT CARD**

For your convenience, we accept Mastercard and VISA. Please complete credit card information if you prefer this method of payment.

Please charge my credit card in the amount of \$ \_\_\_\_\_ for Sponsoring the CT Orthopaedic Society's Annual Meeting.

**Mastercard or Visa** (circle one)

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**For additional information and questions, please call Susan Schaffman at (860) 561-5205, fax (860)561-5514 or email sasshops@aol.com. Thank you.**