

NWPF SPONSORSHIP APPLICATION



**6TH ANNUAL DERMATOLOGY/PATHOLOGY/
PLASTIC SURGERY COURSE, CLEVELAND, OH**
16 CONTINUING EDUCATION CONTACT HOURS (CECH)

MAY 22-23, 2010

NORTHWEST PODIATRIC FOUNDATION
FOR EDUCATION & RESEARCH, USA
7315 212th Street SW, Suite 103
Edmonds, WA 98026

PHONE (425) 412-3816
FACSIMILE (425) 412-3819
TOLL-FREE (866) 286-6973
E-MAIL PodFound@aol.com
www.nwpodiatricfoundation.org

Your Company Name _____
(as you would like it listed on exhibit materials)

Company Address:

STREET CITY STATE ZIP
() ()
COMPANY PHONE COMPANY FAX COMPANY WEBSITE

Company Product and Description *(20 words or less)*: _____

Name of Rep(s) That Will Be Attending: _____

Representative or Contact Address *(for correspondence if different from company address above)*:

STREET CITY STATE ZIP
()
PHONE NUMBER OF REPRESENTATIVE OR CONTACT E-MAIL OF REPRESENTATIVE OR CONTACT

| SPONSORSHIP LEVEL* <i>(Check one)</i> | | |
|--|--|--|
| <input type="checkbox"/> Exhibit Booth Only: \$500 | <input type="checkbox"/> Meal Sponsorship: TBD | <input type="checkbox"/> Full Speaker Sponsorship: \$2500 |
| <input type="checkbox"/> Break Sponsorship: \$800 | <input type="checkbox"/> Major Speaker Sponsorship: \$3500 | <input type="checkbox"/> Partial Speaker Sponsorship: \$1800 |
| * All sponsorships include an exhibit booth | | |

CREDIT CARD INFORMATION

VISA MASTERCARD

CREDIT CARD HOLDER'S NAME _____

BILLING ADDRESS CITY STATE ZIP _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____

You may complete this fillable PDF form on your computer, print it out and then mail or fax to the contact information above *(please do not email this form)*.

- or -

You may print this blank form, complete it by hand and mail or fax to the contact information above *(please do not email this form)*.

If paying by check, please make payable to NWPF and mail to address above.