

# NWPF SPONSORSHIP APPLICATION



**6TH ANNUAL NWPF SEATTLE SEMINAR**  
**SWEDISH MEDICAL CENTER – CHERRY HILL CAMPUS, SEATTLE**  
20 CONTINUING EDUCATION CONTACT HOURS (CECH)

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

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E-MAIL PodFound@aol.com  
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**JUNE 17-19, 2010**

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: \$600	<input type="checkbox"/> Meal Sponsorship: TBD	<input type="checkbox"/> Full Speaker Sponsorship: \$2500
<input type="checkbox"/> Break Sponsorship: \$900	<input type="checkbox"/> Major Speaker Sponsorship: \$3500	<input type="checkbox"/> Partial Speaker Sponsorship: \$1800
<b>* All sponsorships include an exhibit booth</b>		

**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.**