

NWPF SPONSORSHIP APPLICATION



16TH ANNUAL LAS VEGAS SEMINAR
THE WYNN LAS VEGAS
25 CONTINUING EDUCATION CONTACT HOURS (CECH)

SEPTEMBER 23-25, 2010

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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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: \$650	<input type="checkbox"/> Meal Sponsorship: TBD	<input type="checkbox"/> Full Speaker Sponsorship: \$2500
<input type="checkbox"/> Break Sponsorship: \$950	<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.