

ASCCP2019 ANNUAL SCIENTIFIC MEETING

Sponsorship Application

April 4–7, 2019 | Atlanta, GA

Contact *All materials will be sent to the person listed below.*

Name: _____

Email: _____ Phone: _____

Company Information *Name will appear in final program as written below.*

Company Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Fax: _____ Website: _____

Sponsorship

<input type="checkbox"/> Hotel Door Drop.....	\$7,500
<input type="checkbox"/> Hotel Key Card	\$12,000
<input type="checkbox"/> Promotional Insert.....	\$1,500
<input type="checkbox"/> Bags.....	\$3,500
<input type="checkbox"/> Lanyards	\$2,500
<input type="checkbox"/> ePoster Kiosks.....	\$7,500

Program Advertising

<input type="checkbox"/> Inside Front Cover.....	\$5,000
<input type="checkbox"/> Inside Back Cover	\$5,000
<input type="checkbox"/> Inside Full Page	\$4,000
<input type="checkbox"/> Inside Half Page	\$2,500

Satellite Symposium

<input type="checkbox"/> Lunch // Friday, April 5	\$20,000 SOLD
<input type="checkbox"/> Dinner // Friday, April 5	\$15,000
TOTAL	\$ _____

Payment Information

Check *Make check payable to ASCCP.*

Credit Card *Please check one:* Visa MC AMEX Discover

Credit Card #: _____ CCV #: _____

Expiration Date: _____ Name on Card: _____

Signature: _____