SPONSORSHIP OPPORTUNITIES AGREEMENT FORM

Company

Contact __________________________ Title __________________________

Address

City/State/Zip/Country

Telephone __________________________ Fax __________________________ Email __________________________

Once the International Society of Plastic and Aesthetic Nurses receives your sponsorship opportunities request form you will be notified regarding approval of your request.

Please select your support activities below:

☐ Platinum Level $25,000
☐ Gold Level $12,000
☐ Silver Level $6,000

☐ Refreshment Break $4,500
☐ Continental Breakfast $6,000
☐ Hotel Key Cards $5,000

☐ Meeting Bags $5,000
☐ Registration Hand-outs $1,000
☐ WiFi $8,000

PAYMENT METHOD: In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@ispans.org with any immediate concerns. DO NOT EMAIL CREDIT CARD INFORMATION. Please send to our secure fax: (978) 524-0461. If no credit card information is included, you may email to industry@ispans.org

☐ WIRE TRANSFER

Email industry@ispans.org for instructions

☐ CREDIT CARD

Amount to be charged: $________________________

Credit Card Number __________________________
Expiration Date __________________________ Security Code (3-4 numbers on front or back of card) __________________________

Name as it appears on credit card __________________________ Cardholder’s Signature __________________________

☐ Please check if credit card billing address is same as contact information at the top of the form.

☐ Billing address if different than above: __________________________

PLEASE RETURN FORM TO:
ISPAN
500 Cummings Center, Suite 4400
Beverly, MA 01915
industry@ISPAN.org

DO NOT EMAIL full credit card information. Form must be faxed if credit card number is showing via our secure fax 978.524.0461. If you prefer to email please leave out the credit card number and provide a phone number and we will call you for the credit card number.