

**SPONSOR INFORMATION**

Name \_\_\_\_\_ Company \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**EVENT DATE** \_\_\_\_\_ **CITY/REGION** \_\_\_\_\_

<b>SPONSOR LEVEL – Please select option.</b>	<b>COST</b>
<input type="checkbox"/> <b>ANNUAL (This option is <i>only</i> available to BioFlorida Members)</b> <ul style="list-style-type: none"> <li>• Promoted as Annual Sponsor for the year (3 meetings in a specified region; 1 meeting in another region of choice)</li> <li>• Recognition as Annual Sponsor in all marketing communications &amp; social media for each event selected</li> <li>• Dedicated time to kickoff event, welcome guests and introduce company</li> <li>• Exhibit or dedicated space for corporate literature</li> <li>• 7 COMP admissions to event</li> </ul>	\$3,000 (BioFlorida Members Only)
<input type="checkbox"/> <b>HOST CRITERIA:</b> Work directly with BioFlorida and the Chapter Leadership to coordinate logistics and food and beverage for the event at Host site. <ul style="list-style-type: none"> <li>• Recognition as Host in all marketing communications &amp; social media for the event</li> <li>• Dedicated time to kickoff event and welcome guests</li> <li>• Exhibit or dedicated space for corporate literature</li> <li>• 5 COMP admissions to event</li> </ul>	Members \$1,200  Non-Members \$1,500
<input type="checkbox"/> <b>SIGNATURE</b> <ul style="list-style-type: none"> <li>• Recognition as Signature Sponsor in all marketing communications &amp; social media for the event</li> <li>• Dedicated time for company introduction</li> <li>• Exhibit or dedicated space for corporate literature</li> <li>• 4 COMP admissions to event</li> </ul>	Members \$1,000  Non-Members \$1,250
<input type="checkbox"/> <b>EVENT SPONSOR</b> <ul style="list-style-type: none"> <li>• Recognition as Event Sponsor in all marketing communications &amp; social media (when applicable)</li> <li>• 2 COMP admissions to event</li> </ul>	Members \$500 Non-Members \$650

**PAYMENT INFORMATION**
 Send me an invoice   
  I'm sending a check   
  Here is my credit card:   
 VISA   
 MC   
 AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**TERMS**

Commitments must be made at least 2 weeks prior to event and all payments must be received prior to event. Sponsorship benefits are not active until payment is received in full. No refunds are permitted.

**Signature** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

*\*By signing this form you are agreeing to the terms stated and commit to full payment of the option checked.*