

# SPONSORSHIP APPLICATION

## 1 Sponsor Information:

|                 |         |     |
|-----------------|---------|-----|
| Company Name    |         |     |
|                 |         |     |
| Contact Name    | Title   |     |
|                 |         |     |
| Mailing Address |         |     |
|                 |         |     |
| City            | State   | Zip |
|                 |         |     |
| Phone           | Fax     |     |
|                 |         |     |
| Email           | Website |     |
|                 |         |     |

## 2 Sponsorship Selection

- ☐ Platinum Sponsorship.....\$4,500.00  
Includes: Exhibit Registration, Hotel Room Drop, Host a Reception
- ☐ Gold Sponsorship.....\$3,500.00  
Includes: Exhibit Registration, 1-day Wi-Fi Sponsorship, Host a Break
- ☐ Silver Sponsorship.....\$3,000.00  
Includes: Exhibit Registration, Host the Mimosa Reception
- ☐ Bronze Sponsorship.....\$2,500.00  
Includes: Exhibit Registration, Host a Break
- ☐ Host a Reception.....\$2,000.00
- ☐ Portable Power Bank.....\$2,000.00
- ☐ Attendee Bags **SOLD**.....\$1,500.00
- ☐ Host a Break.....\$1,500.00
- ☐ Collapsible Stainless Steel Straw Kit.....\$1,500.00
- ☐ Wi-Fi Sponsorship (1 day) .....\$1,000.00
- ☐ Attendee Lanyards **SOLD**.....\$1,000.00
- ☐ Hotel Key Cards **SOLD**.....\$ 750.00
- ☐ Cloth & Lens Cleaner Spray Kit **SOLD**.....\$ 750.00
- ☐ Mobile Charging Station **SOLD**.....\$ 750.00
- ☐ Water Bottles.....\$ 750.00
- ☐ Sticky Note Pads **SOLD**.....\$ 500.00
- ☐ Whistle Light/Key Chain.....\$ 500.00
- ☐ Stain Removal Stick.....\$ 500.00
- ☐ Wallet Tissue Pack.....\$ 500.00
- ☐ Vendor provided item - TCAA will place in the bags.....\$ 100.00

## 3 Payment Information

☐ Check enclosed \$ \_\_\_\_\_

**(Payable to Trauma Center Association of America)**

☐ Charge my: ☐ Visa ☐ MasterCard ☐ AMEX

Mail payments to: Trauma Center Association of America,  
146 Medical Park Road, Suite 208, Mooresville, NC 28117

|                      |           |
|----------------------|-----------|
| Card Number          | Amount    |
|                      |           |
| Name on Card         |           |
|                      |           |
| CVV Code             | Exp. Date |
|                      |           |
| Cardholder Signature |           |
|                      |           |

## 4 Signature and Agreement

This sponsorship application will become a contract upon acceptance with authorized signature.

|                      |      |
|----------------------|------|
| Authorized Signature | Date |
|                      |      |
| Print Name and Title |      |
|                      |      |

### IMPORTANT

For your protection, **if paying with a credit card, please do not submit your application via email.** Please submit completed form by **fax to 704-677-7052** or by mail to Trauma Center Association of America, 146 Medical Park Road, Suite 208, Mooresville, NC, 28117.

For more information, contact Amy Strahan at 704-360-4665 or amy@traumacenters.org