

SUPPORTER REGISTRATION FORM

Barth Syndrome Foundation 9th International Scientific, Medical & Family Conference

Contact Information	Payment Information
Name (Last, First):	Check enclosed in the amount of \$ _____ <i>Make check payable to: Barth Syndrome Foundation</i>
Institute/Organization:	Charge to credit card below for the amount of \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Expiration Date: _____ Security Code: _____
Address:	Account Number:
City/State/Zip:	Name of Card Holder:
Phone:	Card Holder Signature:
Email:	Date:
Name as it should appear on signage:	

SPONSORSHIP LEVELS

Please select your sponsor level:

DIAMOND Partner — \$10,000

☐ Conference Title Sponsor

PLATINUM Partner — \$5,000

- ☐ Scientific & Medical Sessions
☐ Medical Clinics/Expert Consultations
☐ Family Sessions
☐ Professional Videographer

GOLD Partner — \$2,500

- ☐ Thursday Lunch (*Keynote Speaker*)
☐ Friday Lunch (*Varner Award Presentation*)
☐ Friday Night Social
☐ Saturday Lunch
☐ Ground Transportation for Clinicians/Scientists

RUBY Partner — \$1,500

- ☐ Travel Assistance for Expert Speakers
☐ Box Lunches for Clinic Days

PEARL Partner — \$1,000

- ☐ Continental Breakfast ☐ Thursday ☐ Friday ☐ Saturday
☐ Clinician/Scientist Informal Welcome Event
☐ Clinic Dinner Meeting (*Wednesday*)
☐ Scientific & Medical Advisory Board Breakfast (*Saturday*)
☐ Varner Award for Pioneer in Science & Medicine
☐ Clinician/Scientist Poster Session
☐ Conference T-Shirts
☐ Speaker Thank You Gifts
☐ Printed Conference Program
☐ Individual Session Sponsors

BRONZE Partner — \$500

- ☐ Refreshment Break ☐ Thursday ☐ Friday ☐ Saturday
☐ Lodging for Amanda Clark (*Photographer*)
☐ Entertainment
☐ Lanyards
☐ Youth Activities
☐ Photo Booth

OTHER Partnering Opportunities

- ☐ \$250 — Phlebotomist's Fees for Blood Draws
☐ \$250 — 2-Night Stay for a Clinician/Researcher
☐ \$250 — Family Welcome Event
☐ \$250 — Luminaries
☐ \$250 — Poolside Partner

- ☐ \$100 — Courier Fees for Medical Transport
☐ \$100 — Tables at Friday Night Social Event
☐ \$100 — Supplies for Childrens' Activities
☐ \$100 — Registration Desk Supplies
☐ \$100 — Shipping Materials to/from Conference
☐ \$100 — Onsite Printed Materials
☐ \$100 — Event Signage

BSF Tax ID # 22-3755704 – No goods or services were provided in exchange of this gift, therefore, the full amount of your gift stated above is tax deductible. All sponsorship fees are non-refundable. A confirmation letter will be sent to confirmed sponsors prior to the Conference.

Signature: _____

Date: ____ / ____ / ____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

Make check payable to:

**Barth Syndrome Foundation
PO Box 419264
Boston, MA 02241-9264**

PLEASE SEND: Company name, logo and/or ad by June 15, 2018 in jpeg format/300 dpi to Lynda Sedefian at lynda.sedefian@barthsyndrome.org. Items must be received by June 15, 2018 to guarantee placement in the event program.