

Sponsorship Information

Contact Person _____ Title _____

Company _____

Business Address _____

City _____ State/Province _____ Country _____ Zip Code _____

Business Telephone _____ Fax Number _____

Email Address _____ Website _____

Yes, my company is interested in sponsoring the following:

<input type="checkbox"/> Platinum Level	\$45,000	<input type="checkbox"/> Portable Chargers	\$10,000
<input type="checkbox"/> Gold Level	\$30,000	<input type="checkbox"/> Hotel Key Cards	\$10,000 SOLD
<input type="checkbox"/> Silver Level	\$12,500	<input type="checkbox"/> Attendee Bags	\$10,000 SOLD
<input type="checkbox"/> Bronze Level	\$5,000		
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<input type="checkbox"/> Lanyards	\$5,000 SOLD	<input type="checkbox"/> WiFi	\$15,000
<input type="checkbox"/> Registration Bag Insert	\$3,500		
<input type="checkbox"/> Hotel Room Drop	\$5,000	<input type="checkbox"/> Box Lunch	\$30,000 per day
<input type="checkbox"/> Meeting Notepads	\$7,500 SOLD	<input type="checkbox"/> Friday	
<input type="checkbox"/> Water Bottles	\$7,500 SOLD	<input type="checkbox"/> Saturday	
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<input type="checkbox"/> Exhibit Hall Hospitality		<input type="checkbox"/> Mummy Mountain BBQ	\$80,000
<input type="checkbox"/> Coffee Break	\$15,000 per break		
<input type="checkbox"/> Friday AM			
<input type="checkbox"/> Friday PM (not in exhibit hall)			
<input type="checkbox"/> Saturday AM			
<input type="checkbox"/> Saturday PM			
<input type="checkbox"/> Continental Breakfast	\$20,000 per day		
<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday (not in exhibit hall)			

Final Program Ads

<input type="checkbox"/> Full Page	\$1,500
<input type="checkbox"/> Half Page	\$750
<input type="checkbox"/> Quarter Page	\$500
<input type="checkbox"/> Inside Front Cover	\$3,000 SOLD
<input type="checkbox"/> Inside Back Cover	\$2,500

PAYMENT INFORMATION

Payment is due upon confirmation and at time of invoice. Payment in full is due no later than October 1, 2018.

Check Payment: Please make check(s) payable in US funds to:

The American Headache Society
19 Mantua Road
Mt. Royal, NJ 08061

Credit Card Payment:

Amount _____
Authorized Signature _____
Name on card (print) _____

Visa MasterCard American Express

Account No. _____ Exp. Date: ____/____/____