

SOUTHEAST REGIONAL CLINICAL & TRANSLATIONAL SCIENCE CONFERENCE





February 27 – 29, 2020

Sponsorship Benefits

Reaching your Audience - On behalf of the Georgia CTSA Executive Council, join us in supporting the Clinical and Translational Science community by sponsoring the Southeast Regional Clinical & Translational Science Conference, where university researchers from across the region come to collaborate.

Bronze - \$2,500

- Sponsor's logo on marketing materials promoting the event
- Acknowledgment, incorporating sponsor's logo, in final e-program
- Display of sponsor's logo during sponsorship PowerPoint presentation, to be shown in meeting room during breaks
- Two complimentary conference registrations

Silver - \$5,000

- Bronze benefits, plus:
- Complimentary exhibit space during networking reception and dinner on Thursday evening
- Four total complimentary conference registrations

Gold - \$10,000

- Silver benefits, plus:
- Six total complimentary conference registrations

Platinum - \$20,000

- Silver benefits, plus:
- Twelve total complimentary conference registrations

Questions? Contact Andrew West at 404-727-9296 or awest2@emory.edu









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2020 Sponsorship Form

Please complete the below form and submit to Andrew West by December 31, 2019. Questions? Contact Andrew West at 404-727-9296 or <u>awest2@emory.edu</u>

Sponsorship Level

□ Bronze (\$2,500)

- Gilver (\$5,000)
- Gold (\$10,000)
- □ Platinum (\$20,000)

Contact Information

Company Name:

Contact Name:

Email:

Telephone:

Cancellation Policy

Cancellations must be submitted in writing. Sponsor fees will be refunded, minus a \$50 administration fee, if the cancellation is received on or before January 1, 2020. Fifty percent of the sponsor fees will be refunded if cancellation is received on or before January 11, 2020. No refunds will be given on or after February 7, 2020.

By signing this form, you are committing to full payment. Benefits including recognition on website and exhibit placement are not active until payment is received in full.

I have read and agree to the cancellation policy outlined above.

Signature: _____

Date: _____









Payment Information

Payments can be made via check or major credit card. To pay by credit card, email this form and a request for an invoice to <u>awest2@emory.edu</u>.

Check Number: _____

Check Amount: _____

Make checks payable to:

Emory University with Georgia CTSA in the memo line. Please include company's name on the check.

Mail check and form to: Georgia CTSA, Attn: Andrew West 1440 Clifton Road NE, Suite 134 Atlanta, GA 30322