

# SPONSORSHIP APPLICATION

SPONSOR MAILING ADDRESS (PLEASE PRINT CLEARLY)

COMPANY NAME			
ADDRESS			
CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE	FAX	WEBSITE	

CONTACT PERSON (to whom all information will be sent)

NAME	EMAIL	DIRECT PHONE NUMBER/ EXT.
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PLEASE CHECK ALL OPPORTUNITIES YOU WOULD LIKE

SPONSORSHIP DESCRIPTION	COST	SPONSORSHIP DESCRIPTION	COST
<b>Exhibit Booth</b>		<b>Industry Sponsored Workshop</b>	
<input type="checkbox"/> 6'x30" table-top exhibit draped & skirted - 1 Company Representative Registration - Access to the courses - Recognition on website, final program, signage and slides - One complimentary insert in attendee bags	US \$3,000	<input type="checkbox"/> Orthobiologics Skills Workshop Station - Hands-on cadaver workshop for fellows and Biologics Alliance Summit Attendees - Ultrasound and biologic injections (including corticosteroids, hyaluronic acid, platelet-rich plasma, bone marrow aspirate and adipose aspirate)	US \$ 1,250/station
<b>Amenities</b>		<b>Events</b>	
<input type="checkbox"/> Morning Coffee & Refreshments <input type="checkbox"/> Attendee Bags	US \$ 1,500/day US \$ 1,500	<input type="checkbox"/> Biologics Alliance Summit Welcome Reception (Feb. 6) <input type="checkbox"/> ISMF: Fellows Reception and Dinner (Feb. 7)	US \$10,000 US \$8,000
<b>Advertising</b>		<b>Advertising</b>	
<input type="checkbox"/> Final Program Outside Back Cover <input type="checkbox"/> Final Program Inside Back Cover	US \$ 1,500 US \$ 1,500	<input type="checkbox"/> Final Program Full Page Ad <input type="checkbox"/> Additional Bag Insert	US \$ 1,500 US \$ 750

SPONSORSHIP RECOGNITION	SILVER	GOLD	PLATINUM
	(\$10,000 \$29,999)	(\$30,000 \$49,999)	(\$50,000 and up)
Sponsor name and logo on sign at entrance to exhibit hall	•	•	•
Sponsor ribbons for all on-site company representatives	•	•	•
Primary listing on the course websites with company description			•
Prominent listing on the course websites	•	•	
Recognition of sponsorship in final program with 150-word company description	•	•	•
Recognition of sponsorship in final program	•	•	•
Recognition of sponsorship shown on slides during courses	•	•	•
Complimentary tickets for 4 company representatives to attend the Biologics Alliance Summit Reception (Feb. 6) and the ISMF Fellows Dinner Reception (Feb. 7)			•
Complimentary tickets for 2 company representatives to attend the Biologics Alliance Summit Reception (Feb. 6) and the ISMF Fellows Dinner Reception (Feb. 7)		•	

## METHOD OF PAYMENT (FULL PAYMENT DUE DECEMBER 15, 2019)

MAIL THIS FORM AND PAYMENT TO: Kerlan Jobe Orthopaedic Foundation (Tax ID: 95-4707606)  
 Attn: Karen Mohr Ladnier  
 6801 Park Terrace, Suite 140  
 Los Angeles, CA 90045

TOTAL \$

Check: make check payable to the Kerlan Jobe Orthopaedic Foundation

Wire Transfer: Contact the Program Office

Credit Card:  VISA  MasterCard  American Express

CARD NUMBER	CCV
NAME (AS IT APPEARS ON CARD)	EXP. DATE
SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)	DATE