

# 2017 HAND FOUNDATION SPONSORSHIP APPLICATION

Company Name (as it should appear in print) \_\_\_\_\_

Key Contact Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security code \_\_\_\_\_

## 2017 Annual Meeting Sponsorship Packages

Level & Investment	Dinner	Breakfast Meeting	Cocktail party	Workshop	Signage*	Attendee List
<b>PLATINUM</b> \$10,000 includes booth	Dinner at ALO's with signage	Breakfast none-CME presentation	Cocktail Party	Workshop with priority time choice	Landing page Banner on the app	Pre and Post Event, including email
<b>GOLD</b> \$5,000		Breakfast none-CME presentation	Cocktail Party	Workshop with priority time choice	Signage for the meeting	Pre and Post Event, including email
<b>SILVER</b> \$2,500					Table top exhibit	Pre and Post Event, including email



All sponsors will receive a Pre-conference registration list distributed as an Excel file 3 weeks prior to the Tutorial, for a one-time use; as well as a post-conference list



All sponsors will receive a copy of the electronic program book



All sponsors will be acknowledged on the electronic program

Hand Rehabilitation Foundation  
700 S Henderson Rd., Suite 100  
King of Prussia, PA 19406

**\*Please forward your logo in jpg or tif format for use in any promotional materials**

Contact: Leslie Ristine  
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