

ADS Sponsor Request Form



Please Print or Type

Company/Organization Name (Full Legal Name)

Display Name (Company Name displayed on signage/ printed materials, if different from legal name; product names cannot be used)

Contact Name (To whom all correspondence is sent)

Company/Organization Address

Phone

E-mail

Authorized Representative

Title (The above named Company hereby applies to support at the meeting designated below, and agrees to the terms and conditions set forth herein. This letter of agreement will be required to be completed for ACCME compliance.)

Authorized Signature (Not valid unless signed)

Sponsor Levels (Please select the opportunity you wish to support.)

Delirium Superhero- \$35,000

Delirium Ambassador- \$15,000

Gala Sponsor- \$3,500

Delirium Champion- \$25,000

Delirium Supporter- \$7,500

Method of Payment (Payment must be in U.S. dollars)

Check

VISA

MasterCard

American Express

Amount Due \$ _____

Name on Card

Card Number

Exp. Date

Authorized Signature

Send completed registration form with payment to:

American Delirium Society
10700 W Highway 55 Suite 275, Plymouth MN 55441
P: (952)564-3054 | info@americandeliriumsociety.org

Questions? Call or email the ADS Administrative Office via the contact information above