

2024 ANNUAL BHS SUMMIT SPONSORSHIP APPLICATION

INTERNATIONAL ASSOCIATION OF



APPLICATION INSTRUCTIONS

- Email your completed form to dtalbert@iabsc.org

SPONSOR CONTACT INFORMATION

First Name _____ Last Name _____

Title _____ Company _____

Address _____ Suite _____ City _____ State/Province _____ Zip/Postal _____

Phone _____ Email _____

SELECT AVAILABLE SPONSORSHIPS

NOTE: All sponsorships receive recognition in marketing campaigns & social media, logos inside program book, registrants list in Excel, acknowledgement on presentation slides during the event.

Tuesday Night Event – Pub Crawl & Third Rail at Hotel Vin w/Emerald City Band 1/30/24: **\$1,500**

PAYMENT INFORMATION

Pay by Check

Please invoice me (invoice will be sent to the email provided above)

Pay by Credit Card

Visa

MasterCard

American Express

Discover

Sponsorship amount: \$ _____

Credit Card Number

Expiration Date

CVV

Name on Card

Signature

Billing Address

Billing Zip Code