

Sponsorship Application

CONTACT All materials will be sent to the person listed below. _____

Name _____

Email _____ Phone _____

COMPANY INFORMATION Name will appear in final program as written below.

Company Name _____

Mailing Address _____

Email _____ Phone _____

Sponsorship fee must be received by September 1, 2022 to be recognized in the final program and on-site signage.

SPONSORSHIPS

- PLATINUM Sponsorship \$40,000
- GOLD Sponsorship \$30,000
- SILVER Sponsorship \$15,000
- Satellite Symposium \$20,000
- Hotel Key Cards/Key Sleeves \$7,500
- Conference Bag Insert \$3,000
- Charging Counter (contact ANA for pricing)

PROGRAM ADVERTISING

- Inside Front Cover
Full-Page Ad \$3,500
- Full-Page Ad \$2,500
- Half-Page Ad \$1,500

WEBSITE ADVERTISING

- Sidebar \$1,500
- Footer Banner \$1,000

FOOD AND BEVERAGE SPONSORSHIPS

- Opening Symposium Reception
(Exclusive Sponsor) \$20,000
- Opening Symposium Reception
(Multiple Sponsors) \$5,000
- President's Reception
(Exclusive Sponsor) \$20,000
- President's Reception
(Multiple Sponsors) \$5,000
- Past President's Dinner
(Exclusive Sponsor) \$8,000
- Past President's Dinner
(Multiple Sponsors) \$4,000

- Breakfast (Exclusive Sponsor) \$10,000
- Breakfast (Multiple Sponsors) \$5,000
- Boxed Lunch (Exclusive Sponsor) \$10,000
- Boxed Lunch (Multiple Sponsors) \$5,000
- Trainee Breakfast \$4,000
- Junior & Early Career
Networking Reception/Dinner \$5,000
- Poster Reception (Exclusive Sponsor) ... \$20,000
- Poster Reception (Multiple Sponsors) ... \$5,000

YEAR-ROUND EDUCATIONAL SPONSORSHIP OPPORTUNITIES

- ANA Spotlights (Virtual Product Theatre) \$2,500
- ANA Investigates (Podcast Sponsorship) \$2,000/\$5,000 Exclusive Sponsorship
- ANA Highlights (Bite-sized Learning Module Sponsorship) \$1,500
- ANA Webinars (Webinar Sponsorship) \$4,000

PAYMENT INFORMATION

Check Make check payable to the American Neurological Association, 1120 Route 73, Suite 200, Mount Laurel, NJ 08054

Credit Card (check one) Visa Mastercard AMEX

Credit Card # _____ Expiration Date _____ CVV # _____

Name on Card _____

I have read "ANA's Policy to Maintain the Integrity of Accredited CME" and agree to comply with all terms set forth in it.

Sponsor Signature _____ Date _____

ANA Representative Signature _____ Date _____