

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 August 1, 2023 to be recognized in the final program and on-site signage.

SPONSORSHIPS

- ☐ PLATINUM Sponsorship\$40,000
- ☐ GOLD Sponsorship\$30,000
- ☐ SILVER Sponsorship\$15,000
- ☐ Industry Innovations Session ...\$20,000
- ☐ Hotel Key Cards/Key Sleeves...
Contact sponsorship@myana.org
for pricing
- ☐ Conference Bag Insert.....\$3,000
- ☐ Charging Counter\$1,000
- ☐ Wifi Sponsorship (Exclusive)\$45,000
- ☐ Wifi Sponsorship
(Opening Symposium).....\$5,000
- ☐ Wifi Sponsorship (Closing Day) ..\$7,500

PROGRAM ADVERTISING

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

WEBSITE ADVERTISING AND MOBILE APP

- ☐ Website Sidebar\$1,500
- ☐ Website Footer Banner\$1,000
- ☐ Mobile App Banner Ad.....\$3,000

HOTEL BRANDING

- ☐ Column Wraps\$3,500
- ☐ Escalator Signage, top or bottom ..\$1,000
- ☐ Escalator Signage, middle\$1,500
- ☐ Elevator Signage,
all 11 elevators.....\$10,000
- ☐ Elevator Header\$1,000
- ☐ Elevator Door, Interior Wall,
or Floor Signage.....\$2,000

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
- ☐ 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

PAYMENT INFORMATION

☐ Check ☐ Credit Card (check one) ☐ Visa ☐ Mastercard ☐ AMEX

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

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 _____