



## **SPONSORSHIP FORM**

Our organization is proud to support APSA.

Contact Name		
Institution/Practice Name		
Address		
City	State	Zip
Phone		
Email		
Exactly how you would like your institution, practice, mentor of	or program recognized in APS	SA meeting materials
SPONSORSHIP LEVEL		
□ RUBY LEVEL (REUNION TABLE) \$1,000		
□ EMERALD LEVEL \$2,500		
□ SAPPHIRE LEVEL \$5,000		

Return this completed Institutional Sponsorship Form to Denise Castetter Email: denise@veritasamc.com Mail: Veritas Association Management, 1061 East Main Street, Suite 300, East Dundee IL 60118

☐ Check payable to: American Pediatric Surgical Association (in US dollars on a US bank) TAX ID #23-7097289

PAYMENT INFORMATION

☐ Please Invoice Me

Please select your preferred method of payment:

☐ Credit Card: a member of our accounting team will contact you directly

Mail to: 1061 East Main Street, Suite 300, East Dundee, IL 60118



