



MEDWEEK25 Sponsorship Application

Sponsorships are as easy as 1, 2, and 3!

1. Please complete this application indicating sponsorship level along with other pertinent information.
2. Fax the completed application form to (202) 482-1467.
3. Upon receipt of this form, an invoice will be forwarded to you based on the contribution level selected. The U.S. Department of Commerce, Minority Business Development Agency, Tax ID Number is 53-0205706.

Company Name: _____

(Write Company name as it should appear in the program book)

Contact Person: _____ **Title** _____

(Person to whom all correspondence should be directed)

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: (_____) _____ **Fax Number:** (_____) _____

E-mail Address: _____ **Website:** _____

Select a Sponsorship Level:

| Levels | Amount |
|----------|----------|
| Premiere | \$35,000 |
| Platinum | \$25,000 |
| Gold | \$20,000 |
| Silver | \$15,000 |
| Bronze | \$10,000 |

Total amount of Contribution

\$ _____

Supporting a specific MED Week item?

| List Item/Event | Specify Amount |
|-----------------|----------------|
| | |

ALL CONTRIBUTIONS MUST BE RECEIVED BY AUGUST 4, 2007.

Method of Payment:

Check/Money Order

Purchase Order

Make checks payable to:

MED WEEK - U. S. Department of Commerce
Tax ID No: 53-0205706

Mail checks to:

Tania White
MED Week 2007
1401 Constitution Avenue, Room 5089
Washington, DC 20236

Office Use Only

Reviewed by _____

Date _____

Payment Enclosed _____