



American Healthcare Professionals and Friends for Medicine in Israel

2001 Beacon Street, Suite 210, Boston, MA 02135

PODIATRIC SCIENTIFIC MISSION IN ISRAEL – May 6-15, 2022

Sponsorship Commitment Form

SPONSORSHIP OPPORTUNITIES		HIGHLIGHTS OF SPONSORSHIPS	
<input type="checkbox"/> PLATINUM Partner Sponsor	\$10,000	Speaker Sponsor <i>and</i> Dinner Sponsor benefits	
<input type="checkbox"/> GOLD Partner Sponsor	\$ 5,000	Dinner Sponsor Benefits/Speaker Sponsor benefits	
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ADDITIONAL SPONSORSHIP OPPORTUNITIES (preprinted materials to be provided by sponsor)			
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<input type="checkbox"/> Welcome Bag Sponsor	\$1,000	<input type="checkbox"/> Pen and Notepad Sponsor	\$1,000

- PLATINUM Partner Benefits:** Recognition of sponsorship of dinner and opportunity to speak to group during dinner. Company materials distributed during dinner. Logo and listing on all printed and online materials including program advertisements, program guide and daily itinerary. Materials placed in welcome bags of attendees. Use of attendee mailing list pre and post seminar. Special recognition in a post-event Fax correspondence. Recognition on APF website.
- GOLD Partner Benefits:** Recognition of sponsorship of lecture and speaker with company materials distributed prior to lecture. Logo and listing on all printed and online materials including program advertisements, program guide and daily itinerary. Materials placed in welcome bags of attendees. Use of attendee mailing list pre and post seminar.
- SILVER Sponsor Benefits:** Recognition of sponsorship of breakfast and on that day's daily itinerary. Company materials presented at breakfast. Recognition of sponsorship of outing and of any water and snacks provided. Any labels supplied will be applied to bus snacks. Promotional materials supplied will be distributed.
- Excursion Sponsor Benefits:** Recognition of sponsorship of outing and of any water and snacks provided. Any labels supplied will be applied to bus snacks. Company materials and/or promotional items supplied will be distributed during transportation.

Contact Information:

Company Contact: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

Payment **Total amount \$** _____

Check (payable to APF) Credit Card No: _____ Expires: _____

Name on card: _____ Signature: _____

Please return this form along with your sponsorship fee to:

American Physicians Fellowship for Medicine in Israel

P: 617-232-5382 • F: 617-739-2616 • info@apfmed.org • www.apfmed.org