

2016 Scientific Symposium TWO SIDES OF A COIN: DELETIONS AND DUPLICATIONS ON 15q.

Learn. Network. Collaborate.

FINANCIAL COMMITMENT LEVELS

- PREMIER ~ \$7,500-\$10,000**
  - Your company's logo on all advertisements related to the event.
  - Complimentary attendance for two representatives from your company.
  - Signage acknowledging the sponsorship displayed at the event.
  - Your company listed on the ASF and Dup15q websites.
  - Formal recognition of your company by the conference facilitator.
  - Your company material to be placed in attendee packet or program book.
- PARTNER ~ \$5,000-\$7,499**
  - Complimentary attendance for one representative from your company.
  - Signage acknowledging the sponsorship displayed at the event.
  - Your company listed on the ASF and Dup15q websites.
  - Your company material to be placed in attendee packet or program book.
- COMMUNITY ~ \$1,000-\$4,999**
  - Signage acknowledging the sponsorship displayed at the event.
  - Your company listed on the ASF and Dup15q websites.
  - Your company material to be placed in attendee packet or program book.
- BENEFACTOR ~ \$500-\$999**
  - Signage acknowledging the sponsorship displayed at the event.
  - Your company listed on the ASF and Dup15q websites.
- PATRON ~ \$100-\$499**
  - Signage acknowledging the sponsorship displayed at the event.

FINANCIAL COMMITMENT CONTRACT

We hereby commit financially to the 2016 ASF Scientific Symposium. We understand that this application becomes a contract when signed by us and accepted by the Angelman Syndrome Foundation and Dup15q Alliance.

COMPANY NAME (AS IT SHOULD APPEAR ON ALL PROMOTIONAL MATERIAL)

PRIMARY CONTACT NAME

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

WEB ADDRESS

PRIMARY CONTACT SIGNATURE

ASF OR DUP15q ALLIANCE REPRESENTATIVES SIGNATURE

PAYMENT

AMOUNT DUE \$

- CHECK     VISA     MASTERCARD     AMERICAN EXPRESS  
(PLEASE MAKE CHECKS PAYABLE TO ANGELMAN SYNDROME FOUNDATION OR DUP15q ALLIANCE)

CREDIT CARD # EXPIRATION DATE

NAME AS IT APPEARS ON CARD

SIGNATURE

TOTAL TO BE CHARGED \$

BILLING ADDRESS

CITY STATE ZIP

Please complete and forward this contract along with payment to:  
 Angelman Syndrome Foundation  
 Attn: Sandy Ruffalo  
 75 Executive Drive, Suite 327  
 Aurora, IL 60504

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 F: 630-978-7408  
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