

# SPONSORSHIP APPLICATION



**ISAKOS**  
CONGRESS  
2021

**GLOBAL**  
Nov 27 - 28

## 1. SPONSOR MAILING ADDRESS (PLEASE PRINT CLEARLY)

COMPANY NAME

ADDRESS

CITY

STATE / PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

WEBSITE

## 2. CONTACT PERSON (to whom all information will be sent)

NAME

DIRECT PHONE NUMBER / EXT.

EMAIL

## 3. PLEASE CHECK ALL OPPORTUNITIES YOU WOULD LIKE

SPONSORSHIP DESCRIPTION	SPONSORSHIP COST	SPONSORSHIP DESCRIPTION	SPONSORSHIP COST
<b>Educational Opportunities</b>		<b>Virtual Platform Opportunities</b>	
<input type="checkbox"/> Surgical Demonstrations	Contact the ISAKOS Office	<input type="checkbox"/> New Product Showcase Webpage	US \$2,000
<input type="checkbox"/> ISAKOS Awards	US \$5,000	<input type="checkbox"/> Commercial Video Advertisement	US \$1,500
<input type="checkbox"/> Presidential Guest Speaker	US \$5,000	<input type="checkbox"/> Educational Symposia	US \$5,000
<b>Promotional Opportunities</b>			
<input type="checkbox"/> 2021 Global Studio Sponsor	US \$7,000	<input type="checkbox"/> Virtual Platform Sponsor	US \$15,000
<input type="checkbox"/> Virtual Platform Banner Ad	US \$2,500	<input type="checkbox"/> Promotional Email Sponsor	US \$15,000
<input type="checkbox"/> Mail Attendee Welcome Package	US \$8,000	<input type="checkbox"/> Ad Sponsor	US \$1,500
<input type="checkbox"/> HTML Broadcast Email	US \$2,500	<input type="checkbox"/> Post Congress HTML Broadcast Email	US \$2,500
<input type="checkbox"/> ISAKOS Database HTML Broadcast Email	US \$5,000		

## 4. METHOD OF PAYMENT (FULL PAYMENT DUE BY AUGUST 15, 2021)

EMAIL THIS FORM TO: [exhibits@isakos.com](mailto:exhibits@isakos.com)

MAIL THIS FORM AND PAYMENT TO: ISAKOS, 567 Sycamore Valley Road West, Danville, CA 94526 USA.

OR FAX THIS FORM TO: (925) 807-1199

☐ **Check:** make check payable to ISAKOS in US dollars Drawn on US Bank

☐ **Wire Transfer:** Contact the ISAKOS Office

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

Other: ☐ Check ☐ Wire Transfer

CARD NUMBER

CCV#

NAME (AS IT APPEARS ON CARD)

EXP. DATE

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)

DATE

## 5. TOTAL

\$