

50th Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery

SPONSORSHIP APPLICATION

Company Name _____

Contact Person _____

Title _____

Address _____

City/State _____ **Zip Code** _____

Phone _____ **Fax** _____

Email _____

Payment Check Credit Card EFT or Wire Transfer

Amounts over \$10,000 must be paid by check, EFT or wire transfer. Please contact lgriffin@aans.org for detailed information on an EFT or wire transfer.

Mail payments by check to: AANS, 2370 Eagle Way, Chicago, IL 60678-1023

Make checks payable in U.S. dollars drawn on a U.S. bank, to the American Association of Neurological Surgeons, Inc. Allow 10 days for receipt and processing of checks sent to the above address. If you wish to overnight your payment to this address, use ONLY United States Postal Service Priority Mail. Other overnight services do not deliver to the above address.

Card Type American Express Discover Mastercard Visa

Cardholder Name _____

Card Number _____ **Exp. Date** _____

Sponsorship Opportunities		
Sponsorship Item	Placement/Request	Cost
Total Cost		

Execution of Agreement

The undersigned, as an authorized representative for this Company with full power and authority to sign this application, agrees that the acceptance of this application constitutes a contract and agrees to abide by the terms and conditions of this contract.

Signature _____ **Date** _____

Return completed application to Linda Griffin at lgriffin@aans.org

All signed agreements are firm. No cancellations accepted.