

# TOA/TOF/TSSM Sponsorship Application

**Online exhibitor applications are now available.**

Please visit [www.toa.org](http://www.toa.org) and click on the "Sponsor" menu tab at the top.

Meeting or Event to Sponsor: **2017 TOA/TOF/TSSM Annual Meeting**

## SECTION 1: COMPANY INFORMATION

Company Name: \_\_\_\_\_  
*(as it should appear on signage and printed recognition)*

Primary Contact & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

eMail Address: \_\_\_\_\_  Yes, I would like to receive TOA newsletters  
 Yes, I would like to receive TOA magazines

### Name of Attendees for Exhibitor Badges:

(Silver Level - \$300 charge for each additional badge after 2) (Gold Level - \$300 charge for each additional badge after 3) (4 for Platinum and 6 for Title; \$300 for each badge beyond those).

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

I agree to the terms and conditions listed in Section 3. Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2: PAYMENT INFORMATION

Enclosed is a check made payable to Texas Orthopaedic Association in the amount of \$ \_\_\_\_\_

**OR** I authorize my credit card charged be \$: \_\_\_\_\_  Visa  MasterCard  American Express

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder: \_\_\_\_\_ CSC: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

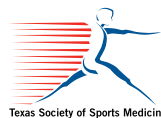
Please e-mail your sponsorship preference (**Title, Platinum, Gold, or Silver**) to: **Info@toa.org**

Please fax completed form to **1-866-864-1568**,

email it to **info@toa.org** or mail it

with payment to:

**Texas Orthopaedic Association**  
**401 West 15th Street #820**  
**Austin, TX 78701**



Other communications and/or questions may be addressed by calling **512-370-1505**.