



### TOA eConnect Sponsorship Form

I am interested in the following sponsorship level:

**\$2,500 Sponsor**

- ★ 1 eConnect every month for one year
- ★ Prominent placement of company name and logo
- ★ Link to company website
- ★ Brief description of company

**\$1,000 Sponsor**

- ★ 4 eConnects
- ★ Prominent placement of company name and logo
- ★ Link to company website

**\$500 Sponsor**

- ★ 1 eConnect
- ★ Placement of company name and logo

**SECTION 1: SPONSOR INFORMATION**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**SECTION 2: PAYMENT INFORMATION**

Check payable to Texas Orthopaedic Association      Amount \$ \_\_\_\_\_

Charge to my credit card: \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. Date: \_\_\_\_\_

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

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