

# SPONSORSHIP COMMITMENT FORM

## Sponsor Information

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

## Sponsorship Level

- |              |          |
|--------------|----------|
| ( ) Platinum | \$10,000 |
| ( ) Gold     | \$5,000  |
| ( ) Silver   | \$3,000  |
| ( ) Bronze   | \$1,500  |

## Conference Sponsorship Opportunities

- |                                   |                   |
|-----------------------------------|-------------------|
| ( ) Plenary Session               | \$2,000           |
| ( ) Workshop/Education Session    | \$1,250           |
| ( ) Abstracts                     | \$1,500 - \$3,000 |
| ( ) Cyber Cafe                    | \$3,500           |
| ( ) Name Badge Holders            | \$5,000           |
| ( ) Preliminary and Final Program | \$5,000           |
| ( ) Luncheon                      | \$2,000           |
| ( ) Breakfast                     | \$1,500           |
| ( ) Nutrition Break               | \$1,000           |
| ( ) Conference Night Social Event | \$20,000          |

For **Draw Prize Donations** and **Delegate Bag Inserts** please refer to the Production Promotion Form.

## Method of Payment

Cheque or money order (made payable to CAM)  
*Your cheque or money order should be made payable to the Canadian Association of Midwives (CAM). Cheques or money orders must be in Canadian dollars and drawn on a Canadian bank account*

Visa                       MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

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

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

## Agreement

In accordance with the terms, conditions and regulation governing sponsorships at the annual meeting of the Canadian Association of Midwives, the undersigned hereby makes application for sponsorship which, when accepted by the Canadian Association of Midwives, becomes a contract. Terms and conditions in the prospectus are a part of this contract. The undersigned agrees to abide by all rules, requirements, restrictions, and regulations as set forth in this agreement or as may be especially designated by management. Failure to abide by such rules and regulation results in forfeiture of all monies paid or due under the terms of this agreement.

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

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

Please complete and return with payment to:

**Ottawa Contact**

Sylvie Paquette, CAE  
Association Manager  
Canadian Association of Midwives/ Association  
Canadienne des sages-femmes  
780 Echo Drive  
Ottawa, Ontario K1 S 5R7  
Phone: 613-730-4192 / 1-800-561-2416 ext 266  
Fax: 613-730-4314  
spaquette@canadianmidwives.org

A signed copy of this contract will be returned upon receipt of paying in full.

Accepted with thanks,

\_\_\_\_\_  
Sylvie Paquette  
Association Manager

\_\_\_\_\_  
Date