



## Commitment to Sponsorship

(Name of Organization, Please print)

is pleased to sponsor

### Recovery of Biological Products XXI

**If you would like your sponsorship divided across fiscal years, please indicate below:**

2024 \_\_\_\_\_ % OR \$ \_\_\_\_\_

2025 \_\_\_\_\_ % OR \$ \_\_\_\_\_

2026 \_\_\_\_\_ % OR \$ \_\_\_\_\_

**Preferred mechanism).**

**5Wti bhBUa Y. FYVtj Yfm**  
**7\YW]b[ '5Wti bh'Bi a VYf. '\$' \* , &) , \$**  
**Fci h]b[ 'Bi a VYf. '\$' \* \$!\$% \$,**

**To pay via check (back-up option if wire transfer not feasible):**

**Please make checks payable to:**

**"Recovery of Biological Products XXI"**

Checks should be mailed together with a copy of this form to:

Recovery of Biological Products  
c/o David Roush  
20 Squire Terrace  
Colts Neck, NJ 07722

**To pay via Paypal (not preferred but back-up option #2):**

An invoice will be sent to the email provided.

The Recovery Conference Website ([www.Recoveryconferences.org](http://www.Recoveryconferences.org)) will provide information about the history of the Recovery Conference Series and the upcoming Conference.

In acknowledgment of your sponsorship we would like to include your company's logotype on the Sponsor page with a link to your website.

I agree I do not agree to the use of our logotype on the Recovery Conference Website.

Please e-mail a high resolution copy of your logotype in .jpg **and** .eps format to: [recovery@teamprecision.com](mailto:recovery@teamprecision.com).

**Sponsorship Amount (USD):** \_\_\_\_\_

Contact's Full Name (Please print)

Title

Company/Affiliation

Address

Address

City/State/Postal Code

Country

Phone #

Email address

Company Website

Method of payment

ACH/Wire                      Check                      Paypal

If you require us to complete an application or any forms prior to receiving sponsorship funds, please provide the contact Information for Additional Processes:

Contact Person:

Email address:

Phone number:

Website:

Additional Notes or Requirements: