



International Society
for Traumatic Stress Studies

**ISTSS 33rd Annual Meeting
November 9 - 11, 2017
Palmer House Hilton
Chicago, IL USA**

Please print or type.

CONTACT NAME _____

INSTITUTION/COMPANY/ORGANIZATION _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP CODE/POSTAL CODE _____ COUNTRY _____

WORK PHONE _____ WORK FAX _____

EMAIL _____

ORGANIZATION WEBSITE _____

(Above contact information will be included in the Meeting Program, if received prior to September 9, 2017.)

SIGNATURE _____ DATE _____

NAME (PRINT OR TYPE) _____

Email, Mail or Fax a copy of this contract with payment to:

ISTSS Sponsorship
One Parkview Plaza, Suite 800
Oakbrook Terrace, IL 60181
Fax: +1-847-686-2253
Email: ametzgar@istss.org

Questions

Amy Metzgar
Email: ametzgar@istss.org
Phone: +1-847-686-2290

**SPONSORSHIP
CONTRACT**

Sponsorship Opportunities

ASSOCIATION COMMERCIAL PROMOTIONS SPONSORSHIP

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GOLD	\$10,000	\$ _____
SILVER	\$ 5,000	\$ _____
BRONZE	\$ 2,000	\$ _____

TRAVEL GRANT SPONSORSHIP

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GOLD	\$10,000	\$ _____
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NON-PROFIT SPONSORSHIP

MEETING APP	\$ 5,000	\$ _____
PEN W/STYLUS	\$ 2,500	\$ _____
ROOM DROP	\$ 2,000/PIECE	\$ _____
EMAILS	\$ 1,500	\$ _____
COFFEE/TEA	\$ 1,000	\$ _____
PUSH NOTIF.	\$ 500	\$ _____
TAKE ONE	\$ 250	\$ _____

**MEMBER AND INDIVIDUAL
SUPPORT CONTRIBUTION**

MINIMUM	\$ 500	\$ _____
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TOTAL ENCLOSED..... \$ _____

Payment Information

ISTSS Taxpayer/ID number is 31-1129675.

CHECK

NUMBER _____ AMOUNT _____

- VISA MASTERCARD
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AMOUNT TO BE CHARGED TO THE CREDIT CARD _____

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