

ASIPP® SPONSOR FORM

NAME OF CORPORATION _____

CONTACT INFORMATION

CONTACT PERSON _____

CORPORATE ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

E-MAIL _____

ASSOCIATE MEMBERSHIPS — List those in your company who will serve as your ASIPP Associate Members. *Diamond, 10; Platinum 8, Gold, 6; Silver, 4; Bronze, 2.*

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

NAME/TITLE _____

CHIEF EXECUTIVE OFFICER _____

BUSINESS SECTOR Please check all that apply

Manufacturer

Technology

Service Provider

Distributor

Pharmaceutical

Other: _____

ASIPP SPONSOR LEVEL

Diamond Sponsor\$100,000

Silver Sponsor \$25,000

Platinum Sponsor \$75,000

Bronze Sponsor \$10,000

Gold Sponsor \$50,000

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

DATE _____

PAYMENT METHOD Please check one

MASTERCARD

VISA

AMERICAN EXPRESS

DISCOVER

CHECK

CARDHOLDER NAME _____

SECURITY CODE _____

CARD NUMBER OR CHECK NUMBER _____

EXPIRATION DATE _____

Fax completed form to 270-554-5394.

If paying by check, make check payable to: **American Society of Interventional Pain Physicians**



ASIPP®
American Society of
Interventional Pain Physicians

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