

ASIPP® SPONSORSHIP LEVELS 2018-2019

DIAMOND SPONSOR \$100,000

(Annual sponsor fee: \$100,000 per year or \$9,000 per month for 12 months)

- Six (6) four-color full-page ads, two (2) half-page ads, and 50% off all additional advertisements in the Pain Physician journal
- Company's logo and link to website in each weekly eNews e-mail to members
- One (1) 10x10 exhibit space at the Annual Meeting and one (1) table-top space at all other ASIPP meetings.
- First choice or right of first refusal for special sponsorship opportunities
- Opportunity for a 30-minute presentation to the ASIPP Board of Directors and/or Executive Committee at the ASIPP Annual Meeting
- Associate ASIPP memberships for 10 members of the company

PLATINUM SPONSOR \$75,000

(Annual sponsor fee: \$75,000 per year or \$7,000 per month for 12 months)

- Five (5) four-color full-page ads, two (2) quarter-page ads, and 50% off all additional advertisements in Pain Physician journal,
- Company's logo and link to website bi-weekly in eNews e-mail to members
- Priority level placement(s) on an alternating schedule with same level sponsors
- One (1) 10x10 exhibit space at the ASIPP Annual Meeting and one (1) table-top space at two (2) additional meetings
- First choice or right of refusal for special sponsorship opportunities after Diamond level sponsors
- Opportunity for a 15-minute presentation to the ASIPP Board of Directors and/or Executive Committee at the ASIPP Annual Meeting
- Associate ASIPP membership for 8 members of the company

GOLD SPONSOR \$50,000

(Annual sponsor fee: \$50,000 per year or \$4,500 per month for 12 months)

- Four (4) four-color full-page ads, two (2) quarter-page ads, and 30% off all additional ads in the Pain Physician journal
- Company's logo and link to website monthly in eNews e-mail to members
- Priority level placement(s) on an alternating schedule with same level sponsors
- One (1) 10x10 exhibit space at the ASIPP Annual Meeting and one (1) table-top space at one (1) additional meeting
- Opportunity for a 15 minute presentation to available ASIPP board members at the ASIPP Annual Meeting
- Associate ASIPP memberships for 6 members of the company

(more on next page)



ASIPP®
American Society of
Interventional Pain Physicians

81 LAKEVIEW DRIVE, PADUCAH, KY 42001
PHONE: 270.554.9412 | FAX: 270.554.5394
WEB SITE: www.asipp.org | EMAIL: asipp@asipp.org

CONTACT INFORMATION
SPONSORS: MELINDA MARTIN- mmartin@asipp.org
EDITORIAL: HOLLY LONG- hlong@asipp.org

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SILVER SPONSOR \$25,000

(Annual sponsor fee: \$25,000 per year or \$2,250 per month for 12 months)

- Three (3) four-color full-page ads, one (1) quarter-page ad, and 25% off all additional advertisements in the Pain Physician journal
- Company's logo and link to website quarterly in eNews e-mail to members
- Priority level placement(s) on an alternating schedule with same level sponsors
- One (1) 10x10 exhibit space at the ASIPP Annual Meeting
- Associate ASIPP membership for 4 members of the company

BRONZE SPONSOR \$10,000

(Annual sponsor fee: \$10,000 per year or \$1,000 per month for 12 months)

- Two 2 four-color full-page ads and 25% off all additional advertisements in the Pain Physician journal
- Your company's logo and link to webpage bi-annually in the eNews e-mail to members
- 50% discount on one (1) 10x10 exhibit space at the ASIPP Annual Meeting
- Associate ASIPP membership for 2 members of your company

(These Sponsorship Levels are effective starting September, 2018)



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SPONSORS: MELINDA MARTIN- mmartin@asipp.org
EDITORIAL: HOLLY LONG- hlong@asipp.org

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**



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