

SPONSORSHIP APPLICATION

Deadline August 1, 2024

ANA 2024

CONTACT *All materials will be sent to the person listed below.*

Name _____

Email _____ Phone _____

COMPANY INFORMATION *Name will appear in final program as written below.*

Company Name _____

Mailing Address _____

Email _____ Phone _____

Sponsorship fee must be received by August 1, 2024 to be recognized in the final program and on-site signage.

SPONSORSHIPS

- _____ Hotel Key Cards/Key Sleeves
Contact jsummers@myana.org
for pricing
- _____ Conference Bag Insert \$3,000
- _____ Charging Counter.....\$1,000
- _____ WIFI Sponsorship
(Exclusive) \$45,000
- _____ WIFI Sponsorship
(Opening Symposium) \$5,000
- _____ WIFI Sponsorship
(Closing Day) \$7,500

PROGRAM ADVERTISING

- _____ Inside Front Cover Full-Page Ad ... \$3,500
- _____ Full-Page Ad \$2,500
- _____ Half-Page Ad \$1,500

WEBSITE ADVERTISING AND MOBILE APP

- _____ ANA2024 Website
Sidebar Ad \$1,200
- _____ ANA2024 Website Footer
Banner Ad \$2,000
- _____ Mobile App Banner Ad \$3,000

FOOD AND BEVERAGE SPONSORSHIPS

- _____ Opening Symposium Reception
(Exclusive Sponsor) \$20,000
- _____ Opening Symposium Reception
(Multiple Sponsors) \$5,000
- _____ President's Reception
(Exclusive Sponsor) \$20,000
- _____ President's Reception
(Multiple Sponsors) \$5,000
- _____ Breakfast
(Exclusive Sponsor) \$10,000

- _____ Breakfast
(Multiple Sponsors) \$5,000
- _____ Boxed Lunch
(Exclusive Sponsor) \$10,000
- _____ Boxed Lunch
(Multiple Sponsors) \$5,000
- _____ Trainee Breakfast \$4,000
- _____ Junior & Early Career
Networking
Reception/Dinner \$5,000
- _____ Poster Reception
(Exclusive Sponsor) \$20,000
- _____ Poster Reception
(Multiple Sponsors) \$5,000
- _____ Global Neurology
Reception \$4,000
- _____ New Member Meet
and Greet Reception \$5,000

PAYMENT INFORMATION

Total Purchase _____

- Check** - Make check payable to the American Neurological Association – Department 2460, PO Box 4110, Woburn, MA 01888-4110
- Credit Card** - ANA gladly accepts credit card payment. Once we receive your application(s), the ANA will email you a link to pay online.

I have read "ANA's Policy to Maintain the Integrity of Accredited CME" and agree to comply with all terms set forth in it.

Sponsor Signature _____ Date _____

ANA Representative Signature _____ Date _____

- I have read and agree to the terms in the ANA2024 Sponsorship Prospectus