

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

- ____ PLATINUM Sponsorship \$40,000
- ____ GOLD Sponsorship \$30,000
- ____ SILVER Sponsorship \$15,000
- ____ Industry Innovation Session. \$20,000
The deadline to submit the Satellite Symposium Content Approval Form (page 19) for review and consideration is Friday, May 31, 2024.
- ____ 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