

# NAFC 2024 SYMPOSIUM EXHIBITOR/SPONSOR REGISTRATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## YES! We would like to support the 2024 NAFC Symposium as a:

\_\_\_\_\_ Sponsor - If checked, please select your level:

\_\_\_\_\_ Sapphire - \$100k+      \_\_\_\_\_ Diamond - \$50,000

\_\_\_\_\_ Platinum - \$30,000      \_\_\_\_\_ Gold - \$20,000

\_\_\_\_\_ Silver - \$10,000      \_\_\_\_\_ Bronze - \$5,000

\_\_\_\_\_ Exhibitor - \$2,500      \_\_\_\_\_ Non-Profit Exhibitor - \$1,750

## Select Your Add-On(s):

\_\_\_\_\_ Blurb in Pre-Conference Symposium Email Blast to Attendees - \$250

\_\_\_\_\_ Additional Symposium Registration - \$499 (*Please mark quantity*)

## PAYMENT INFORMATION:

*In the unlikely event that the 2024 NAFC Symposium is canceled or rescheduled, the NAFC will return your funds.*

\$\_\_\_\_\_ **Total Payment**    \_\_\_\_\_ Check Enclosed **OR** \_\_\_\_\_ Charge to Card below

Name of Card Holder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of Card: \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ MASTERCARD    Security Code: \_\_\_\_\_

## PLEASE RETURN THIS FORM TO:

Ariana Gordillo, National Association of Free & Charitable Clinics  
1800 Diagonal Road, Suite 600, Alexandria, VA 22314

E: Ariana@nafcclinics.org - P: 703-647-7427 - W: www.nafcclinics.org

