

International Association of Pediatric Feeding and Swallowing (IAPFS) ORGANIZATIONAL SPONSORSHIP FORM

Company: _____

Contact Name: _____ Discipline/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Total Amount: _____

- Check (made payable to IAPFS)
 Visa MasterCard
 Discover American Express

Level of Sponsorship	
Platinum - \$10,000	<input type="checkbox"/>
Gold - \$5,000	<input type="checkbox"/>
Silver - \$1,000	<input type="checkbox"/>

Credit Card Number: _____ Expiration Date: _____

Print Name as it appears on credit card: _____

Signature: _____ Date: _____

Contact for Annual Memberships and Conference Registration

Name: _____

Phone: _____

Email: _____

Contact for Logo and Conference Booth

Name: _____

Phone: _____

Email: _____

Return Form to:

IAPFS
700 McKnight Park Drive, Suite 708
Pittsburgh, PA 15237
Phone: 412-366-5417 | Email: admin@iapfs.org
EIN: 83-4452486