



ATLANTA DERMATOLOGICAL ASSOCIATION

PATRON REGISTRATION

Please print clearly or type

Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail (req): _____

2008 PATRON LEVELS

- Platinum Patron \$10000
- Gold Patron \$7500
- Silver Patron \$5000
- Bronze Patron \$3000
- Supporter \$1500

OTHER SPONSORSHIP OPPORTUNITIES

- Host Guest Speaker/Executive Committee Dinner
- Provide Lunch at Hospital Meeting
- Provide Breakfast at Hospital Meeting
- Provide Coffee Break at Hospital Meeting
- Host Business Meeting Dinner - November

PAYMENT

- Check Enclosed
- Check Request Submitted

*Make checks payable to
Atlanta Dermatological Association*

TOTAL \$ _____

Visa MC AMEX

CC # _____

Expiration _____ Billing Name _____

Billing Address _____

Please return this completed form to the Atlanta Dermatological Association
6134 Poplar Bluff Circle, Suite 101, Norcross, Georgia 30092, 305-422-3327 fax
Questions? Contact maryann@theassociationcompany.com or 404-310-5866