# SPONSORSHIP OPPORTUNITIES
# FOR CUA EDUCATIONAL INITIATIVES

**CANADIAN UROLOGICAL ASSOCIATION**
**CUA CORPORATE OFFICE**
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## 1. IDENTIFICATION

COMPANY

NO.                                                                                                SUITE

CITY                                                    PROV./STATE                        COUNTRY

POSTAL CODE/ZIP                          TEL (DAY)                                FAX

                                                        country code • area code • number              country code • area code • number

CONTACT

TITLE

E-MAIL

## 2. PACKAGE VALUE

| Part I - Level of Sponsorship *(taxes apply)* | | | | SUB-TOTAL | |
|---|---|---|---|---|---|
| **Patron $120,000** | **Platinum $100,000** | **Gold $50,000** | **Silver $25,000** | 13% HST | |
| | | | | | $ — TOTAL |

| Part II - Exhibits | $6,500 X | (No. of booth modules before March 15, 2025) | SUB-TOTAL | |
|---|---|---|---|---|
| | $7,000 X | (No. of booth modules after March 15 and before May 30, 2025) | 13% HST | |
| | $7,500 X | (No. of booth modules before March 15, 2025) | | |
| * Meeting sponsors do not need to complete this order form. We will send an invoice. | | | $ | TOTAL |

| Part III | | |
|---|---|---|
| CUA Masterclass $15,000 (no taxes applicable) | $ | TOTAL |

**Total Package Value (Part I, II & III)**

## 3. TERMS OF CONTRACT

CLIENT NAME

SIGNATURE                                                            DATE

By signing above, the client on behalf of its company agrees to pay the fees listed above in Section 2, Total Package Value, according to the following payment schedule:

- 50% of the total sponsorship amount is due 60 days from the date of signature
- The balance (50%) is due before April 1, 2025
- 100% of the exhibit fees are due 60 days from the date of signature

Upon signature of the contract, the client on behalf of its company agrees that it will adhere to the projects set forth in the contract and cannot cancel any part of the contract without express written consent.

## 4. PAYMENT

Cheque payable to Canadian Urological Association or "CUA"          Visa          MasterCard

CARDHOLDER'S NAME

                                                            EXPIRY DATE                        CVV
CARD NUMBER                                        MONTH        YEAR

Signature of Cardholder
(Authorizing charge and acknowledging payment/cancellation policy)

*PLEASE RETURN THIS FORM BY*
# 514-395-1664