



## Women's reproductive healthcare: A collaborative approach

# Sponsorship Registration

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

Company Contact Person: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

### Level of Sponsorship:

Gold \$7,000

Lunch \$6,000

Breakfast \$5,000

Silver \$4,000

Coffee Break \$3,000

WiFi \$3,000

Bronze \$2,500

Exhibitor \$1,500

Do you require booth space  Yes  No

Will you be providing give-away items for the delegate bag  Yes  No

If so, please describe what you will be providing? \_\_\_\_\_

### Payment Type:

Local Cayman Bank Cheque  Bank Draft

#### IMPORTANT, PLEASE READ

Please sign, scan and e-mail this form back to [communications@hsa.ky](mailto:communications@hsa.ky)

Once your sponsorship is confirmed an invoice will be sent to you which will contain specific remittance details. **Full payment is due upon receipt of the invoice and must be paid BEFORE the event.** By completing this form, you are agreeing to pay in full the sponsorship amount once invoiced for the 2025 HSA Women's Health Conference

Contact Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_