



**Amputee Coalition 2024 National Conference
August 8-10, 2024 - Atlanta, GA
Contract Application for Sponsorships**

Please complete this contract and submit to eventsales@amputee-coalition.org by **May 31, 2024**

2024 SPONSORSHIP COMMITMENT FORM

CONTACT INFORMATION

Company Information *(Please print)* _____

Company Name *(As you would like it listed)* _____

Street Address _____

City State/Province Zip/Postal Code _____

Country *(If other than U.S.)* _____

Contact Name _____

Contact Phone _____ Contact Email _____

Individual Sponsorship(s) Details: _____

Total: \$ _____

PAYMENT INFORMATION

Preferred payment methods: ACH or check made payable to Amputee Coalition. Sponsorship is confirmed only after receipt of signed contract, payment, and review by the Amputee Coalition.

Signature _____ Date: _____