

# Grant Partnership Reservation Form

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

The following company wishes to express interest in the support for the Cervical Spine Research Society events and/or activities indicated below. It is understood that this form is NOT an agreement for support, but rather an expression of interest to be followed, as necessary, by a formal grant request from CSRS to the granting company. Upon approval of the grant request, CSRS will be informed in writing and it is understood that grants will be used to support the educational goals of this activity.

*Please type or print clearly.*

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

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Grant Partnership Opportunities

Annual Meeting and Instructional Course	
<input type="checkbox"/> Coffee Break – AM Thursday	\$5,000
<input type="checkbox"/> Coffee Break – PM Thursday	\$5,000
<input type="checkbox"/> Coffee Break – AM Friday	\$5,000
<input type="checkbox"/> Coffee Break – PM Friday	\$5,000
<input type="checkbox"/> Coffee Break – AM Saturday	\$5,000
<input type="checkbox"/> Exclusive Welcome Reception – Thursday evening	\$30,000
<input type="checkbox"/> Friday Annual Meeting Lunch	\$15,000
<input type="checkbox"/> Wi-Fi Access	\$15,000
<input type="checkbox"/> Educational Grant	\$ _____
Research	
<input type="checkbox"/> Named Research Grant	\$ _____
<input type="checkbox"/> Registry Grant	\$75,000
Hands-on Surgical Techniques Course	
<input type="checkbox"/> Educational Grant	\$25,000
<b>TOTAL GRANT SUPPORT INTEREST</b>	<b>\$ _____</b>

Please retain a copy of this contract for your files and return this original application to:

Cervical Spine Research Society  
 Larissa Mickelson,  
 Meetings & Membership Manager  
 555 E. Wells Street, Suite 1100  
 Milwaukee, WI 53202  
 Phone: +1-414-918-9834  
 Fax: +1-414-276-3349  
 Email: [lmickelson@csrs.org](mailto:lmickelson@csrs.org)

# Advertising/Marketing Reservation Form

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

## 2022 Instructional Course and Annual Meeting

### Marketing Contact Details

Contact listed below will receive all advertising related correspondence, including invoices, deadline reminders, etc.

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Company Details \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Advertising/Marketing	
<input type="checkbox"/> Full-page Ad - Back outside cover	\$4,000
<input type="checkbox"/> Full-page Ad - Front inside cover	\$4,000
<input type="checkbox"/> Full-page Ad - Back inside cover	\$3,000
<input type="checkbox"/> Full-page Ad - interior	\$2,500
<input type="checkbox"/> Half-page Ad - interior	\$1,250
<input type="checkbox"/> Pre-Meeting Email Banner Ad	\$2,500
<input type="checkbox"/> Daily Email Banner Ad	\$7,000
<input type="checkbox"/> Registration Packets	\$7,500
<input type="checkbox"/> Registration Packet Insert	\$2,000
<input type="checkbox"/> Room Drops	\$ _____
<b>TOTAL ADVERTISING/MARKETING</b>	<b>\$ _____</b>

*Full-page Ad specifications:* Final trim size is 6" x 9". Ensure that bleeds are included and clearly shown with bleed and crop marks. Please add a bleed of 0.125" (3mm) to all sides of the final trim size. Background photos and graphics can bleed but we recommend to keep all type at least 0.5" (12mm) from the trim edge. *Half-page Ad specifications:* 4.5" x 4"

Ads should be supplied at 100% as a high resolution CMYK PDF of at least 300 dpi with all fonts and images embedded. Artwork must be submitted to CSRS by Oct. 4, 2022.

### PAYMENT INFORMATION

Total Support \$ \_\_\_\_\_

**Check** – Make checks payable to Cervical Spine Research Society.

**Wire Transfer**

**Credit Card** – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

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Meetings & Membership Manager  
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Milwaukee, WI 53202  
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Email: [lmickelson@csrs.org](mailto:lmickelson@csrs.org)

# Industry Workshop Application

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## 2022 Instructional Course and Annual Meeting

### Industry Lunch Workshop \$20,000

Industry Breakfast Hands-on Workshop \$0 (included for those interested and purchasing an Industry Lunch)

Contact listed here will receive all Industry Workshop related correspondence, including invoices, logistical information, deadline reminders, etc.

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Company Details

List all information below exactly as it should appear in on the website and in the program, including capitalization and punctuation.

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

By completing and submitting the 2022 Annual Meeting Industry Workshop Application, we agree that:

Payment in full by October 4, 2022 must accompany this application. Checks must be payable to Cervical Spine Research Society. CSRS charges a fee of 2.5% for credit card purchases over \$5,000.

All provision of the Rules and Regulations and General Information, as hereby published, shall be a part of this contract. Should we cancel this Industry Workshop reservation prior to October 4, 2022, we will receive a refund, less a 25% administrative fee. Should we cancel after October 4, 2022, we will forfeit the entire cost of the workshop. We agree that all cancellations and refund requests be made in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION

Total Support \$ \_\_\_\_\_

**Check** – Make checks payable to Cervical Spine Research Society.

**Wire Transfer**

**Credit Card** – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please retain a copy of this contract for your files and return this original application with appropriate payment information to:

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# Industry Dinner Application

Application Deadline: **September 15, 2022** Payment and Materials Due: **October 4, 2022**

## 2022 Instructional Course and Annual Meeting

**Industry Dinner \$20,000**

### Dinner Contact Details

Contact listed here will receive all Industry Dinner related correspondence, including invoices, logistical information, deadline reminders, etc.

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Company Details

List all information below exactly as it should appear in on the website and in the program, including capitalization and punctuation.

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

### Evening Preference *(please indicate preference 1-2)*

Thursday, November 17: Preference # \_\_\_\_\_

Friday, November 18: Preference # \_\_\_\_\_

By completing and submitting the 2022 Annual Meeting Industry Dinner Application, we agree that:

Payment in full by October 4, 2022 must accompany this application. Checks must be payable to Cervical Spine Research Society. CSRS charges a fee of 2.5% for credit card purchases over \$5,000.

All provision of the Rules and Regulations and General Information, as hereby published, shall be a part of this contract.

Should we cancel this Industry Dinner reservation prior to October 4, 2022, we will receive a refund, less a 25% administrative fee. Should we cancel after October 4, 2022, we will forfeit the entire cost of the dinner. We agree that all cancellations and refund requests be made in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION

**Total Support \$** \_\_\_\_\_

**Check** – Make checks payable to Cervical Spine Research Society.

**Wire Transfer**

**Credit Card** – Please complete the information below: *CSRS charges a fee of 2.5% for credit card purchases over \$5,000.*

Card Type:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please retain a copy of this contract for your files and return this original application with appropriate payment information to:

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