

## 22<sup>nd</sup> Annual Business of Retina Meeting Sponsorship Form March 4 and 6, 2021

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

Official Representative: \_\_\_\_\_  
First name Last Name

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

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

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

### SPONSORSHIP OPPORTUNITIES

**Premier Sponsorship - \$2,000**

- Acknowledgement as a Premier Sponsor in course advertising including the electronic syllabus, verbal acknowledgement by course director, acknowledgement in walk-in slides and on the Business of Retina Meeting webpage
- Website listing that includes company name, description, contact information and one external link
- 3 complimentary virtual all-access badges
- Information for website listing must be submitted to ASRS by February 19

**Standard Sponsorship - \*\$1,000**

- Website listing that includes company name, description, contact information and one external link
- 1 complimentary virtual all-access badge
- Information for website listing must be submitted to ASRS by February 19

*\*Companies who have exhibited at the Business of Retina Meeting within the past 3 years qualify for a 50% discount. Standard sponsorship benefits are included in Diamond and Emerald-level Corporate Membership Program benefits.*

**E-Blast - \$700**

- E-Blasts are sent to BOR registrants by ASRS on behalf of the sponsor the week of the Business of Retina Meeting
- Can include company name, web address, and up to three lines of ASRS-approved text
- E-Blast distribution dates and times are subject to availability
- Limit: 2 per company
- Final content must be submitted to ASRS by February 19

**Registration mailing list - \$500**

- Mailer must be approved by ASRS
- Mailing list for one-time use
- Limit: 2 per company
- Corporate sponsor is responsible for materials and shipping

*E-Blasts and registration mailing lists are only open to Premier and Standard sponsors.*

**PAYMENT OF SPONSORSHIP FEES**  
**Full Amount Due upon Receipt**

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*Please make check payable to American Society of Retina Specialists in US dollars.*

**To make payment by Visa, MasterCard or American Express, please complete the following information. All information listed below is required in order to process payment.**

Visa/MasterCard/AmEx Number: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

3 or 4 digit security code: \_\_\_\_\_

Name as it appears on card (Please print): \_\_\_\_\_

Billing address for card: \_\_\_\_\_  
Street Suite or Apt. Number

\_\_\_\_\_  
City, State, Zip Code

Amount to be billed to card: \$\_\_\_\_\_ (full payment expected at when contract is returned)

Authorized Signature for credit card: \_\_\_\_\_

**Please send completed form with payment to Sam Zerang**

Email: [Sam.zerang@asrs.org](mailto:Sam.zerang@asrs.org)

Mail: American Society of Retina Specialists, 20 N. Wacker Drive, Suite 2030, Chicago, IL 60606