



**EYE BANK  
ASSOCIATION  
of AMERICA**

## **EBAA SPONSORSHIP OPPORTUNITIES**

<b>SPONSORSHIP</b>	<b>LEVEL</b>	<b>AMOUNT</b>
Sponsorship of Annual Dinner (sole sponsorship)	Gold	\$20,000
Welcome Reception - Thursday	Silver	\$ 9,000
Luncheon - Wednesday	Silver	\$ 9,000
Luncheon/CEBT Pinning - Thursday	Silver	\$ 9,000
Physician Luncheon - Saturday	Bronze	\$ 5,000
Evening Entertainment - June 4	Bronze	\$ 5,000
Continental Breakfasts (3 opportunities)	Bronze	\$ 4,500
Attendee Internet Lounge	Bronze	\$ 4,000
Ice Cream Break in Exhibit Hall	Bronze	\$ 4,000
Annual Meeting Attendee Gift	Bronze	\$ 4,500
Refreshment Breaks (4 opportunities)	Supporter	\$ 3,500
Beach Competition	Supporter	\$ 3,000

### **EBAA Annual Meeting Sponsors receive:**

- Special recognition in the Annual Meeting Final Program
- Special signage for the sponsored event
- Acknowledgement of your company at the EBAA Opening Session
- Contributions of \$3,000 or more qualify to have a one-page flyer placed in all attendee registration packets (vendor is responsible for supplying 300 copies to the EBAA office by May 10)
- Contributions of \$5,000 or more include two tickets to the EBAA Annual Dinner in addition to the items listed above
- Contributions of \$10,000 or more include a complimentary booth

***Sponsors who commit by MARCH 1 will be listed on the EBAA Website***

**Please note:** prices listed above cover the full cost of an event, but contributions for partial sponsorships will be accepted and acknowledged. All contributions to the EBAA are tax deductible to the extent allowed by law.



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## SPONSORSHIP PAYMENT FORM

Return the completed Sponsorship form with payment by **APRIL 1, 2010** to:

**EBAA or Eye Bank Association of America  
1015 18th St., NW, Suite 1010  
Washington, DC 20036  
Fax: 202-429-6036  
Phone: 202-775-4999**

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

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

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Sponsored: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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### Payment Method

Check enclosed: # \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

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

*For additional information on becoming a sponsor, please contact Tricia Petras, EBAA Meeting Planner, at [tpetras@restoresight.org](mailto:tpetras@restoresight.org).*