



## Childcare Sponsorship Commitment Form

Please complete Sponsorship Commitment Form and return to:  
Kathy Cannon, PAS Associate Meeting Director  
PAS Program Office, 3400 Research Forest Drive, Suite B-7, The Woodlands, TX 77381  
Ph: (281) 419-0052 • Fax: (281)419-0082, Email: [kathyc@aps-spr.org](mailto:kathyc@aps-spr.org)

Pediatric Departments from around the country will be solicited for sponsorship of the PAS Child Care Services. Sponsorship recognitions include:

- Inclusion in sponsor list, main conference area
- Inclusion on Sponsorship Banner in main conference area in convention center
- Recognition in final program
- Recognition in annual reports
- Website recognition with link to sponsor's home page

**Commitment Due:** December 18, 2009 • **Payment Due:** January 15, 2010

Responsible Party: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Submitted by \_\_\_\_\_ Email \_\_\_\_\_

Childcare \_\_\_\_\_  \$2,000 \_\_\_\_\_  other amount \$ \_\_\_\_\_

This agreement, signed by a duly authorized representative of the company, must be received by the PAS Program Office no later than December \_\_\_\_\_ and will constitute a binding contract for the sponsorship amount indicated. Full payment is due to the PAS Program Office by January \_\_\_\_\_. This agreement will become effective upon acceptance by the PAS.

Signed and dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ Commitment Amount: \$ \_\_\_\_\_

Please specify exactly how your Department/Institution should be listed in all signage and publications:

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Print Name \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

**PAS Program Office Only**

Total Due: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_