

798 Cromwell Park Drive  
Suite C  
Glen Burnie, MD 21061  
Phone: (410) 766-5002  
Fax: (410) 766-5009  
Email: [cnde@cnde.com](mailto:cnde@cnde.com)



### CNDE Sponsorship Form

Below are the options available for sponsoring CNDE and/or CNDE's ISNDCM™-XIV. Follow the instructions in each section and complete the bottom portion of the page. Return either (1) via mail to CNDE, LLC, 798 Cromwell Park Drive, Suite C, Glen Burnie 21061, (2) scan a copy of your form and send it to [cnde@cnde.com](mailto:cnde@cnde.com), or (3) fax the form to CNDE at 410-766-5009. Should you have any questions during the process, please call us at 410-766-5002 or email us at [cnde@cnde.com](mailto:cnde@cnde.com).

#### CNDE Sponsorship Options

Check the box below to indicate in which level your sponsorship belongs. Refer to **CNDE Sponsorship Description** page if needed. Use the line on the right side of the page to fill in your sponsorship amount.

- Major Sponsor** ..... \$ \_\_\_\_\_
- Funder** ..... \$ \_\_\_\_\_
- Supporter** ..... \$ \_\_\_\_\_
- University/Technology Member** ..... No Charge

#### CNDE ISNDCM™-XIV Sponsorship Options

Check the box below to indicate which option your company would like to sponsor. The costs are written on the right for your reference. Refer to **CNDE Symposium Sponsorship Options** page if additional information is needed. \*Note: CNDE ISNDCM™-XIV can only have one sponsor per level so please only indicate your first choice, and we will contact you if it is unavailable.

- Symposium Sponsor** ..... \$15,000
- Banquet Sponsor** ..... \$10,000
- Reception Event** ..... \$2,000
- Function Events** ..... \$500

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

Company Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip) (Phone)

Billing Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip) (Phone)

#### Payment Information *Please check one.*

**Check.** Please include a check written for the exact amount you wish to sponsor. Make all payments to CNDE, LLC.

Write the Check Number here: \_\_\_\_\_

**Purchase Order.** Please write the Purchase Order Number: \_\_\_\_\_

**Credit Card.** Please complete the following: Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (CSC): \_\_\_\_\_