



## SPONSORSHIP AGREEMENT FORM

Sponsor Name: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

### SPONSORSHIP LEVELS & BENEFITS:

| MLST SUPPORTER  | BRONZE   | SILVER   | GOLD   |
|---|--|--|--|
| <b>\$500 + HST</b>  | <b>\$1000 + HST</b>  | <b>\$2000 + HST</b>  | <b>\$3000 + HST</b>  |
| Logo on Marketing pieces distributed by email, online, and via Social Media | Logo on Marketing pieces distributed by email, online, and via Social Media  | Logo on Marketing pieces distributed by email, online, and via Social Media  | Logo on Marketing pieces distributed by email, online, and via Social Media  |
| <b><u>1</u></b> Complimentary Event Registration                            | <b><u>2</u></b> Complimentary Event Registrations  | <b><u>3</u></b> Complimentary Event Registrations  | <b><u>5</u></b> Complimentary Event Registrations  |
|   | Listing in virtual exhibit hall  | Listing in virtual exhibit hall  | Listing in virtual exhibit hall  |
|   | <b><u>2</u></b> passes, per event, to the attendee waiting room to mingle with attendees pre-event (where technology is available) | <b><u>3</u></b> passes, per event, to the attendee waiting room to mingle with attendees pre-event (where technology is available) | <b><u>5</u></b> passes, per event, to the attendee waiting room to mingle with attendees pre-event (where technology is available) |
|   |  | Acknowledgement from the presenter   | Acknowledgement from the presenter   |
|   | 150-word description on the MLST website   | 150-word description on the MLST website   | 150-word description on the MLST website   |

**SPONSORSHIP LEVEL SELECTION:** (check one)

- MLST Supporter: \$500 + \$65 (13% HST) **\$565**
- Silver Level: \$2000 + \$260 (13% HST) **\$2,260**

Bronze Level: \$1000 + \$130 (13% HST) **\$1,130**  
Gold Level: \$3000 + \$390 (13% HST) **\$3,390**

**Sponsorship Level:** \$ \_\_\_\_\_  
**13% HST [BN #889640165]** \$ \_\_\_\_\_  
**Total Amount:** \$ \_\_\_\_\_

**METHOD OF PAYMENT:** (check one)

Check/Money Order (please make payable to **MLST**)      Credit Card (MasterCard/VISA)

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Card number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Please send your completed form to Cristina at [mlst@mlst.ca](mailto:mlst@mlst.ca) or by fax: 416.495.8723

**THANK YOU FOR YOUR SUPPORT AND SPONSORSHIP!**

**Medico-Legal Society of Toronto**  
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