

2025 ATAF Sponsorship Registration Form



Company Name: _____

Contact Person: _____

Contact Phone #: _____ Contact Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Name & Email of Person(s) attending the symposium (if applicable):

Website: _____

Sponsorship Level: (Please check one)

- Title Partner - \$1,500
- Gold Partner - \$750
- Silver Partner - \$400
- Bronze Partner - \$150

Agreement: Partnership agreement runs for the 2025 calendar year, beginning immediately following full payment of sponsorship and concludes December 31, 2025.

Company Representative Name: _____ Date: _____

Company Representative Signature: _____ Date: _____

ATAF Representative Signature: _____ Date: _____

ATAF Representative Name: _____ Date: _____

Please send payment to the following address and make check payable to "ATAF". If you prefer to pay electronically, please email treasurer@ataf.org for an electronic invoice. **(3% additional fee will be charged if paid using a credit card)**

ATAF
Attn: Micki Cuppett, EdD, LAT, ATC
PO Box 340654
Tampa, FL 33694