



2010 CORPORATE SUPPORT RESERVATION FORM

We seek to obtain additional exposure at the NASPGHAN Annual Meeting and further promote our commitment to the field of pediatric gastroenterology, hepatology and nutrition. We would like to support the following activity(ies)/ product(s)/service (s):

Activity: _____ Grant Amount: \$ _____

Activity: _____ Grant Amount: \$ _____

Activity: _____ Grant Amount: \$ _____

Total: _____

Commercial Supporter: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Minimum of 50% Deposit \$ _____ Included \$ _____ Forthcoming \$ _____
(Payment must be received in full by September 1, 2010)

Please sign and return to:
NASPGHAN
Margaret Stallings
1501 Bethlehem Pike/PO Box 6
Flourtown, PA 19031

Phone: 215-233-0808
Fax: 215-233-3918
Email: mstallings@naspghan.org

I have read the policy and guidelines concerning corporate sponsorship and agree to abide by them.

Date: _____ Signature: _____

Make Checks Payable to: **NASPGHAN** (Tax ID Number: 84-126-4966)