

ISPE CaSA 2019 Annual Partnership Programs



MANUFACTURER

VENDOR

UNIVERSITY

Includes:

Major Education Events - 10 Attendees
Tech Conference - Career Fair Table, 25 Attendees, 2 Leaders in IAC Lunch Meeting
Golf Tournament - foursome in one golf tournament
Newsletter - Business Card Ad in 2019 newsletters
Membership - One (1) Annual ISPE Membership for Site Lead

Total Retail Value: \$2,769

Annual Partnership: \$1,750
(37% Discount)

Includes:

Major Education Events - 10 Attendees
Tech Conference - Premium Table, 10 Attendees
Golf Tournament - foursome in one golf tournament
Newsletter - Business Card Ad in 2019 newsletters
Membership - Five (5) Annual ISPE Memberships

Total Retail Value: \$5,895

Annual Partnership: \$5,000
(15% Discount)

Includes:

Major Education Events - 10 Attendees
Tech Conference - University Table, 15 Attendees
Golf Tournament - twosome in one golf tournament
Newsletter - Business Card Ad in 2019 newsletters
Membership - One (1) Academic and fifteen (15) Annual ISPE Student Memberships

Total Retail Value: \$2,729

Annual Partnership: \$750
(72% Discount)

* Manufacturer - business entity with primary concentration on drug or medical device manufacturing. Not intended for equipment manufacturers supporting drug or medical device manufacturing industry

** Education event attendance may exclude plant tours due to capacity limitations

*** 2019 Sponsorships (e.g. Gala attendance, Tech Conference sponsor, etc.) purchased prior to joining Annual Partnership Program will be credited toward program cost at the time of joining

Organization Type: Manufacturer Vendor University

Organization Name: _____ Contact Person: _____

Phone: _____ Email: _____

Payment:

Checks: make payable to ISPE-CASA | Mail to: ISPE-CASA 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

Credit Card: VISA MasterCard AMEX | Email info@ispecasa.org | Ph: (919) 573-5442 | Fax: (919) 787-4916

CC#: _____ Exp Date: _____ Signature: _____ Date: _____

To join Annual Partnership Program, complete above section and email form to info@ispecasa.org

Office use only: GL100-_____ Pd by Ck # _____ CC processed: Date: _____ Initials: _____