

## LAQ 2014 Corporate Sponsorship & Support Program Form

As a Corporate Sponsor & Supporter, you will receive free membership to the LAQ as well as the many other benefits, outlined below.

To become a Corporate Sponsor, please choose your level of support by checking the space next to the Sponsorship level and completing the corporate information and payment information section in the form below. If you require additional information, please call us at 514-979-2463

## To become a Corporate Sponsor, please fill out the form below

	✓ (Please check box next to desired sponsorship level)	
<b>PLATINUM</b> \$10,000		<ul> <li>Free Corporate Membership to the LAQ (Value: \$500)</li> <li>Prominent logo placement in the print and PDF versions of the LAQ Resource Guide***</li> <li>Prominent logo placement on the LAQ Sponsors &amp; Supporters web page, with links to your corporate website</li> <li>Logo placement on the Resources &amp; Publications page on our website with links to your corporate website</li> <li>Logo placement on all pages in the Lymphedema Information &gt; For Patients section and Lymphedema Information &gt; For Professionals section on the LAQ website with links to your website</li> <li>Free exhibitor table at one LAQ event</li> </ul>
<b>GOLD</b> \$5,000		<ul> <li>Free corporate membership to the LAQ (Value: \$500)</li> <li>Logo placement in the print and PDF versions of the LAQ Resource Guide***</li> <li>Logo placement on LAQ Sponsors &amp; Supporters web page with link to your website</li> <li>Logo placement on the Resources &amp; Publications page on our website with links to your corporate website</li> </ul>
<b>SILVER</b> \$1,000		<ul> <li>Free corporate membership to the LAQ (Value: \$500)</li> <li>Name recognition in the LAQ Partner page of the print and PDF versions of the LAQ Resource Guide***</li> <li>Name recognition on LAQ Sponsors &amp; Partners web page</li> </ul>



Corporate Information				
Company :	Tel. :			
Contact name :	Email :			
Address :				
Form of Payment :				
Cheque Payable to : LAQ				
OR     Visa I   MasterCard Amount: \$				
Credit card number:    _ _ _ _ _ _ _ _ _ _ _ _  Exp. Date:/				
Name on card: Signa	ture:			

\*\*\*Please note that the deadline for inclusion on the Partnership page of the printed version of the LAQ Resource Guide is November 15. The print version of the Resource Guide is distributed throughout the Province in January each year.

## For payments made by credit card, please fill out this form, including credit card information and mail both pages to:

Lymphedema Association of Québec 6565 St. Hubert, Montréal, QC H2S 2M5

## For payments made by cheque, please print this form and mail both pages with cheque to

Lymphedema Association of Québec 6565 St. Hubert, Montréal, QC H2S 2M5

To learn more about our Corporate Sponsorship and Support program visit our website at <a href="https://www.infolympho.ca/about-us/we-need-your-support/become-a-corporate-sponsor/">www.infolympho.ca/about-us/we-need-your-support/become-a-corporate-sponsor/</a>

We thank you for your generous support!