

SUPPORT PROSPECTUS

Future Directions in

urology

Symposium



August 3-6, 2019

**The Broadmoor
Colorado Springs, CO**

PROGRAM CHAIR

E. David Crawford, MD
Professor of Surgery, Urology,
and Radiation Oncology
Head, Urologic Oncology
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Organized by Carden Jennings Publishing Co. Ltd. in partnership with Grand Rounds in Urology



2019 FUTURE DIRECTIONS IN UROLOGY SYMPOSIUM SUPPORT FORM

SUPPORT OPTIONS

My company would like to support the **FDUS 2019** Meeting (a letter of agreement may be required).
See below for information on individual support opportunities.

<input type="checkbox"/> Platinum (\$25,000)	<input type="checkbox"/> Gold (\$20,000)	<input type="checkbox"/> Silver (\$15,000)	<input type="checkbox"/> Bronze (\$10,000)	<input type="checkbox"/> Supporter (\$5,000)
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Platinum (\$25,000)

- Acknowledgement as an FDUS supporter in the attendee handout, onsite signage and slides, and up to five (5) complimentary registrations at the FDUS 2019 live conference.
- Acknowledgement as a supporter of the enduring multimedia presentations* published on the *Grand Rounds in Urology* website. Includes multimedia ad and link.

Gold (\$20,000)

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- Acknowledgement as a supporter of the enduring multimedia presentations* published on the *Grand Rounds in Urology* website. Includes multimedia ad and link.

Silver (\$15,000)

- Acknowledgement as an FDUS supporter in the attendee handout, onsite signage and slides, and up to three (3) complimentary registrations at the FDUS 2019 live conference.
- Acknowledgement as a supporter of the enduring multimedia presentations* published on the *Grand Rounds in Urology* website. Includes multimedia ad and link.

Bronze (\$10,000)

- Acknowledgement as an FDUS supporter in the attendee handout, onsite signage and slides, and up to two (2) complimentary registrations at the FDUS 2019 live conference.

Supporter (\$5,000)

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Signature Agreeing to the Terms and Conditions of this Application and Agreement:

Signature: _____

Print Name: _____ Date: _____

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COMPANY INFORMATION

Company name and address *as it should appear in the Official Program*

Contact Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Contact E-mail: _____

PAYMENT INFORMATION

All payments must be made in US dollars. Make checks payable to "Carden Jennings Publishing Co., Ltd."
Please remit payments by **August 1, 2019**. Tax ID Number: 62-1460831

We agree to pay the TOTAL sum of (USD): \$ _____

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Cancellation Policy

Due to the nature of this scientific symposium, all sponsorship contracts are binding, and no refunds will be given.

Please forward completed form and payment to:

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Please contact us if you need any additional information.

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