



# Sponsorship Opportunities

Enhancing the communicative lives of people affected by neurologic disorders



**ANCDs**

Academy of Neurologic Communication  
Disorders and Sciences

# 2016



# ANCDS

Academy of Neurologic Communication  
Disorders and Sciences

The annual scientific meeting of the Academy of Neurologic Communication Disorders and Sciences (ANCDS) will be held on November 16, 2016, in Philadelphia, Pennsylvania. The annual meeting attracts up to 150 researchers, faculty, clinicians and students from a variety of fields dedicated to the clinical management of neurologic communication disorders such as aphasia, apraxia and dysarthria resulting from stroke, traumatic brain injury, or other diseases affecting neurological function. Though the scientific meeting is relatively small, ANCDS has tremendous impact on the field through its development of practice guidelines and the program for Board Certification in Neurologic Communication Disorders.

Our intent is to offer a **meeting that is affordable for anyone with a clinical and/or research interest in neurologic communication disorders**. In order to meet this goal, we are seeking sponsorships from companies who provide goods and/or services that support the clinical management of neurologic communication impairments.

We ask you to consider partnering with the ANCDS in our mission to provide relevant continuing education and to enhance the professional goals of our organization. By sponsoring our association, you will help us continue to provide educational and scientific programs and be the foremost leaders and educators of the neurologic communication disorders and sciences industry. We invite you to support ANCDS with any amount that you deem reasonable. All or part of one of the packages below are available for sponsorship:

Audio / Visual	\$2,000
Breakfast	\$6,000
Snacks / Beverages	\$2,000
Lunch	\$8,000
Fellowships	\$ 150/student (ten are awarded)

Sponsorship will be publicized in several ways: company information will be on event materials and banners, as well as announced at the event itself and featured on the ANCDS website.

If you have any questions or concerns, please feel free to contact us at [info@ancds.org](mailto:info@ancds.org).



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## Sponsorship Agreement

- |   |  |
|---|--|
| <input type="checkbox"/> Audio/Visual - \$2,000     | <input type="checkbox"/> Lunch - \$8,000   |
| <input type="checkbox"/> Breakfast - \$6,000        | <input type="checkbox"/> Fellowships - \$150 each (How many? ____ [ten are awarded]) |
| <input type="checkbox"/> Snacks/Beverages - \$2,000 | <input type="checkbox"/> General Sponsor - \$ _____ (amount of your choosing)        |

### CONTACT INFORMATION

Company \_\_\_\_\_  
*(as it is to be printed on program materials)*  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Contact \_\_\_\_\_

### PAYMENT METHOD

\_\_\_\_ Check enclosed or please charge my (circle one):      Visa      MC      Discover      AMEX

Name on Credit Card \_\_\_\_\_ Card # \_\_\_\_\_  
Three-Digit Code \_\_\_\_\_ Exp Date \_\_\_\_\_  
Cardholder Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize ANCDS to charge the credit card provided above for: Sponsorship \$ \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Please mail agreement form with payment to:**  
**ANCDS, 2345 Rice Street, Suite 220, St. Paul, MN 55113**