

SKILLS for Life 3

Sponsorship Opportunities

October 12-16, 2011- Denver Renaissance Hotel-
Denver, Colorado USA

Dear Colleague:

We'd like to formally invite you to participate in a unique opportunity to showcase your company at the 2011 **Skills for Life 3: Bilateral Upper Limb Loss Workshop**. SFL is a one-of-a-kind event dedicated to bilateral upper limb loss. As a sponsor or exhibitor, you'll be among a limited number of vendors who will have valuable time with healthcare professionals, people living with limb loss and their caregivers.

Historical attendance overview:

At the first Skills for Life event we had 30 clinical professionals, as well as 25 bilateral upper limb loss attendees and their spouses/caregivers. Skills for Life 2 brought 175 attendees of which 40 were bilateral limb loss individuals. SFL 2 also drew an international audience from Canada, Australia, Sweden, Germany and Austria.

Levels of Sponsorship:

- **PLATINUM** - \$10,000 Contribution – Includes Exhibit space, acknowledgement in the official program and special mention at the Keynote Address
- **GOLD** - \$7,500 Contribution – Includes Exhibit space, acknowledgement in the official program and special thanks for sponsoring the gala dinner
- **SILVER** - \$5,000 Contribution – Includes Exhibit space, acknowledgement in the official program and prominent banner placement
- **BRONZE** - \$2,500 Contribution – Includes Exhibit space, acknowledgement in the official program and prominent banner placement
- **IRON** - \$1,500 Contribution – Includes acknowledgement in the official program
- **HEROES** - \$600 Contribution to sponsor one bilateral arm amputee to attend this workshop with thanks in the official program
- **Meals** - \$1,875 for a lunch with acknowledgments or \$2,700 for a dinner with acknowledgements.

Exhibitor Fees:

\$950 per tabletop exhibit, if not a bronze or higher level of sponsorship. Exhibitors will be provided with a 6-foot table top, web listing and recognition in the SFL 3 official program. This includes one person's registration/attendance.

****NOTE****

If you choose the PLATINUM, GOLD, SILVER level of sponsorship, you will be given a 15 minute workshop slot at lunch on Saturday, October 15th. Sponsorships and workshops are subject to availability.

Check out the following weblink and/or facebook page for updated workshop information:

Skills for Life 3 Weblink: http://www.usispo.org/skills_for_life.asp

Skills for Life 3 Facebook: <http://www.facebook.com/pages/Skills-for-Life-III/112643508776463?ref=ts>

Please contact Dianne Farabi at US-ISPO, via email at dfarabi@columbus.rr.com or via phone at: 614-659-0197 with your level of sponsorship interest, or if you have any questions.

Best Regards,

Robert Meier

Dr. Robert Meier
Amputee Services of America

Shawn Swanson Johnson

Shawn (Swanson) Johnson
Advanced Arm Dynamics

and the Skills for Life III Planning Committee

SKILLS for Life 3



Exhibitor/Sponsorship Registration Form October 12-16, 2011

Company Information Please type, print, or attach your business card. Also please send company logo for printing in agenda to dfarabi@columbus.rr.com

Company Name _____

Street Address _____

State/Province Country _____ Postal Code _____

Telephone _____ Fax _____

Company Website _____ Company E-Mail _____

Key Exhibit Contact E-Mail _____

Sponsorships

- | | |
|-----------------------------------------------------|----------|
| <input type="checkbox"/> PLATINUM (One available) | \$10,000 |
| <input type="checkbox"/> GOLD (One available) | \$7,500 |
| <input type="checkbox"/> SILVER | \$5,000 |
| <input type="checkbox"/> BRONZE | \$2,500 |
| <input type="checkbox"/> IRON | \$1500 |
| <input type="checkbox"/> HEROES | \$600 |
| <input type="checkbox"/> Meals | \$1,875 |
| <input type="checkbox"/> Exhibit Table/Registration | \$950 |
| <input type="checkbox"/> 15 minute workshop slot | \$400 |

*All sponsorships and workshops are subject to availability

Sponsor Subtotal \$ _____
Exhibit Subtotal \$ _____
Total Amount Enclosed \$ _____

Acceptance Contract for Exhibitors

Print Name: _____ Title _____

Please Charge \$ _____ to my _____ VISA _____ MasterCard

Card Number: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____

If paying by credit card, please fill out the cardholder's billing address in the space below. Credit card companies now require this information for your security.

Street _____ City _____

State/Province _____ Country _____ Postal Code _____

Return to:Dianne Farabi; US – ISPO PO; Box 3188; Dublin, OH 43016 (614) 659-0197 FAX (614) 336-8596