

PROGAM DATE: August 19, 2026

PROGRAM TIME: 5:00pm- 8:00 pm

PROGRAM LOCATION: LifeLink Tissue Bank
Foundation

CONTACT DETAILS

Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

PREMIER SPONSOR

☐ **Member: \$1,000**

☐ **Non-Member: \$1,250**

Exhibit Table ADD-ON for Premier Sponsors

☐ **Member: \$250**

☐ **Non-Member: \$350**

- Company logo in marketing communications
- Recognition as Premier Sponsor on social media, email communications, and website (as applicable)
- 4 Complimentary Event Registrations

PAYMENT DETAILS

☐ Send Invoice ☐ Check No.

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card No. _____

Exp. Date _____ Security Code _____

Name on Credit Card _____

Billing Address _____

City, State, Zip _____

Signature _____ Date _____

EXHIBIT TABLE ONLY

- Company name in all marketing communications
- 2 Complimentary Event Registrations

☐ **Member: \$500**

☐ **Non-Member: \$1,000**

Signature required: By signing this form, you are committed to full payment for the option checked. Sponsorship including recognition on the website and promotional materials are not active until payment is received in full. All payments must be received prior to the event to ensure event participation.

* Sponsorship/exhibit opportunities are limited and confirmed on a first-come, first-served basis – secure your spot early to maximize visibility!

Mail Payments to:

BioFlorida
1375 Gateway Blvd.
Boynton Beach, FL 33426
admin@bioflorida.com

Thank you for your support! Please return this form to admin@bioflorida.com for processing.