

Creating the Future of Patient Care

SPONSOR REGISTRATION FORM

Please fax this form to Faina Shtern at (617) 507-2439 or email faina.shtern@admetechfoundation.org

NAME OF COMPANY: _____

REPRESENTATIVE: _____

Full Name: _____

Title: _____

E-mail: _____

Phone number: _____

Address: _____

LEVEL OF SPONSORSHIP (See attached details):

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AdMeTech Foundation, One Boston Place, Suite 2600, Boston, MA 02108

II. Credit Card

Name on credit card: _____ Amount to be charged: \$ _____

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III. Wire or ACH - Information is available upon request