



SPONSOR REGISTRATION FORM

Company Name:

Company Contact Name:

Company Contact E-Mail:

Contact Phone:

Level of Sponsorship Package:

Type of Payment: Local Cayman Bank cheque Bank Draft (from Overseas) Wire Transfer

** Cheques from non-Caymanian banks cannot be accepted*

Will you be providing suggestions for a speaker/presentation: Yes No

**** The committee reserves the right of final approval on all speakers/presenters. Presentations once approved for inclusion must be provided by Friday 2nd October 2020.***

Signature: _____ Date: _____

Please sign, scan and e-mail this form back to laurieann@kellyholding.com

- Once your sponsorship is confirmed an invoice will be sent to you which will contain specific remittance details. Full payment is due upon receipt of the invoice and must be paid **BEFORE** the event.
- By completing this form, you are agreeing to pay in full the sponsorship amount once invoiced for the 2020 Virtual Cayman Islands Healthcare Conference in Grand Cayman.