



SPONSOR REGISTRATION FORM

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 Number of Delegates attending: Names & e-mails of Delegates attending: Do you need booth space? Yes No Will you be providing give away items in the delegate bag? Yes No If so, do you know what you will be providing? If your sponsorship includes dinner tickets for the Speaker/Sponsor Dinner Friday evening, how many delegates will be in attendance from your company? Please provide names, if available If your sponsorship package does not include Speaker/Sponsor dinner tickets, would you like to purchase tickets? Yes No If yes, how many (cost per person is CI\$75 / USD\$91)? Please provide names, if available Will you be providing suggestions for a speaker/presentation: Yes No *The committee reserves the right of final approval on all speakers/presenters. Presentations for inclusion must be provided by Monday! 23rd August for committee review and assertions.	Company Name:
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Signature: Date:	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 2021Cayman Islands Healthcare Conference in Grand Cayman.