

# CONTRACT FOR SPONSORSHIP



84th Annual Scientific Conference | February 24-27, 2026  
Venetian Resort Convention Center, Las Vegas, Nevada

**IMPORTANT INSTRUCTIONS:** Please clearly print or type this contract. Return completed contract along with payment.

## 1. COMPANY INFORMATION

COMPANY NAME AND ADDRESS INFORMATION SHOULD BE COMPLETED EXACTLY AS THEY WILL APPEAR IN OFFICIAL ACFAS PUBLICATIONS.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Products/Services to be promoted: \_\_\_\_\_

## 2. CONTACT INFORMATION

ONLY THE DESIGNATED OFFICIAL CONTACT(S) WILL RECEIVE SPONSORSHIP RELATED MATERIALS.

Primary Contact: \_\_\_\_\_

(Will receive all communications from ACFAS)

Title: \_\_\_\_\_

Address: \_\_\_\_\_

☐ Check here if same as above

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 3. SPONSORSHIP INFORMATION

List requested opportunities: \_\_\_\_\_

Opportunity Cost: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. PAYMENT INFORMATION

Full Payment Amount \$: \_\_\_\_\_

☐ Check: (Payable to ACFAS) Check #: \_\_\_\_\_

Mail to: ACFAS—Exhibits, Dept. 4384, Carol Stream, IL  
60122-4384

☐ Credit Card: A statement will be sent containing the link to the credit card processing portal.

ACH information and W9 available upon request,  
email: [cococonnell@conventusmedia.com](mailto:cococonnell@conventusmedia.com)

## 5. AGREEMENT

We the undersigned, hereby make application for specified sponsorship opportunity at the ACFAS2026 Conference to be held February 24-27, 2026 at the Venetian Resort Convention Center, Las Vegas, Nevada. A signature on this application indicates an understanding and agreement to comply with all policies, rules, regulations, terms and conditions of ACFAS. This contract is binding once signed. **Payments are due on October 15, 2025.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



American College of  
Foot and Ankle Surgeons®