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| **Company Name** | **Date:** | |
| **Primary Contact** | Name/Title | |
|  | Email address | |
| **Mailing Address** | Street  City/State/Zip/Country | |
|  | Telephone Mobile | |
| **Profession/Discipline**  (Check all that apply) | \_\_ Animal Science \_\_ Architecture/Design \_\_ Biological Engineering \_\_ Business/Commerce  \_\_ Chemistry \_\_ Communications/Media \_\_ Ecology/Wildlife \_\_ Environmental Science  \_\_ Engineering \_\_ Genetics \_\_ Human Medical Science \_\_ Human Science \_\_ Nutrition/Wellness  \_\_ Informatics \_\_ Physics\_\_ Plant Science ­­\_\_ Public Health \_\_ Social Science \_\_ Transportation  \_\_ Veterinary Medical Science \_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Sponsorship Level for Year \_\_\_\_\_\_\_\_\_** | \_\_ **Vanguard**/$50,000 Plus \_\_ **Leader**/$20,000 \_\_ **Promoter**/$10,000 \_\_ **Supporter**/$5,000  If joining at ‘Vanguard’ or Leader’ level and *if desired*, please provide nominee name / info below for Council of Advisors Representation | |
| **Payment Information** | \_\_ Check enclosed (Please make payable to “One Health Commission”)  \_\_ Institutional Purchase Order (Please include instructions for where to send Invoice)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Nominee for Council of Advisors Representation**  (If joining at ‘Vanguard’ or Leader’ level and *if desired*) | Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Areas of Expertise**  **for Working Groups**  (Check all that apply) | \_\_Antimicrobial Resistance  \_\_Chronic Diseases (i.e. cancer, obesity, etc)  \_\_Communications and Outreach  \_\_Disaster Preparedness and Response  \_\_Ecosystem Health (wildlife, environment)  \_\_Environmental Agents (Detection/Response)  \_\_Food Safety and Security  \_\_Human-Animal Bond | \_\_Infectious Diseases (surveillance, prevention, response)  \_\_Interdisciplinary Education and Training  \_\_Interdisciplinary Research (basic and translational)  \_\_ Plants  \_\_Public Policy and Regulation  \_\_Water Safety and Security (Diseases and Supply)  \_\_Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Contact**  *(Additional contacts will receive newsletter and other communications)* | Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Additional Contact** | Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Mail form and payment to: **One Health Commission, P.O. Box 972, Apex, North Carolina, 27502**

Or register online at [www.onehealthcommission.org](http://www.onehealthcommission.org) (click Sponsorship, lower left on Home page)

Questions? Call 984-500-8093 or email [cstroud@onehealthcommission.org](mailto:ohc@onehealthcommission.org)