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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