

Barry University School of Podiatric Medicine | **Agnes Seminar** | *Sponsorship Payment Form*

Company _____

Main Contact _____

Name _____

Address _____ State _____ ZIP _____

City _____ Cell Number _____

Phone Number/Email _____

Platinum Sponsor – \$2,000

Gold Sponsor - \$1,000

Silver Sponsor - \$500

TOTAL AMOUNT \$

PAYMENT TYPE

Check (made payable to Barry University)

Credit Card

Visa

MasterCard

AMEX

Discover

Credit Card Number _____

Expiration Date _____ Security Code _____

Name (as it appears on the card) _____

Authorized Signature _____

Please mail this form with payment to:

Barry University School of Podiatric Medicine

ATTN: Vanessa Pedrianes

11300 NE 2nd Avenue Miami, FL 33161

For more information, please contact

Ms. [Sandra Rampersad-Suarez](#) or

srampersad@barry.edu

(305) 899-3266.

* subject to availability, only one sponsor for this selection.