



1155 15th Street, NW, Suite 500  
 Washington, DC 20005  
 T: 202 457-8409  
 F: 202-530-0659  
 E: dabts@theccws.org  
 www.theccws.org

**ACCWS™ INDUSTRY  
 SPONSORSHIP  
 APPLICATION**

The ACCWS™ has four industry partnership levels.

**Applicant Information**

Company Name \_\_\_\_\_

Website \_\_\_\_\_

**PRIMARY CONTACT INFORMATION**

Name (first/last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**SECONDARY CONTACT INFORMATION**

Name (first/last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Sponsorship Levels**

Memberships begin after the date on which payment has been received and the application for membership has been accepted by the Board of Directors. Please select from one of the following sponsorship levels:

- PLATINUM**..... **\$50,000+** ..... **12 months**
- GOLD**..... **\$49,999 — \$25,000** ..... **12 months**
- SILVER**..... **\$24,999 — \$10,000** ..... **12 months**
- BRONZE**..... **\$9,999 — \$5,000** ..... **12 months**
- FRIEND OF THE COLLEGE** .... **\$4,999 — \$500**..... **12 months**

**Payment**

**Payment by check must accompany application.** Please make check payable to The American College of Certified Wound Specialists™.

**CHECK ENCLOSED**

\$ \_\_\_\_\_ payment in full  
PLEASE WRITE IN AMOUNT OF CHECK

\$ \_\_\_\_\_ installment payment:  
PLEASE WRITE IN AMOUNT OF CHECK  
 monthly      quarterly

**ADVERTISEMENT/LINK INFORMATION  
 ENCLOSED**

**SIGNED AGREEMENT ENCLOSED** (Logo use,  
 link restrictions)

**Please return your application form with payment to:**  
 The American College of Certified Wound Specialists™  
 1155 15th Street, NW, Suite 500  
 Washington, DC 20005

<b>FOR OFFICE USE ONLY</b>	Date Rev'd	Invoice #	Amount Paid: \$	Check #
----------------------------	------------	-----------	-----------------	---------