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# 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+** ..... **24** months
- GOLD** ..... **\$49,999 – \$25,000** ..... **24** months
- SILVER** ..... **\$24,999 – \$10,000** ..... **24** months
- BRONZE** ..... **\$9,999 – \$5,000** ..... **24** months
- FRIEND OF THE COLLEGE** ..... **\$4,999 – \$500** ..... **24** 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 Rcv'd	Invoice #	Amount Paid: \$	Check #
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