



## Annual Assembly Sponsorship Form

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Item:	Price:
Breakfast Sponsorship (Day 2)	<input type="radio"/> \$2,500
Lunch Sponsorship (Day 2)	<input type="radio"/> \$4,500
Cocktails & Conversation (Day 2)	<input type="radio"/> \$5,500
Welcome Reception (Day 1)	<input type="radio"/> \$5,500
Thursday, April 23, 2026   5:30-7:30pm	

Total Cost \$ \_\_\_\_\_

(For AAPLCP office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

### Payment

☐ Check (Payable to: American Academy of Physician Life Care Planners) ☐ Visa ☐ MCard

Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Card Billing Address (If different from above) \_\_\_\_\_

### Send your completed form and payment to:

American Academy of Physician Life Care Planners  
P.O. Box 690314  
San Antonio, TX 78269

### Terms and conditions

- Fees are non-refundable
- Payment is due upon receipt
- Benefits begin the day payment is received
- All reservations are first-come, first-serve