



Serving All of New England

YOUNG PROFESSIONALS EVENT SPONSORSHIPS

Are you looking to grow your company with Boston’s next generation of great minds in the pharmaceutical industry? If so, the Boston Area Chapter ISPE Young Professionals are full of talent and looking for local companies to sponsor our events! ISPE brings together pharmaceutical industry professionals in the Greater Boston area to discover new opportunities, learn about the industry trends, and network with each other. The Young Professionals group holds additional events focused on members new to the industry.

Our events attract local, young professionals who are eager to learn more about the pharmaceutical industry. Sponsoring one of our events would target the people who are active in networking and personal growth within the industry. Your company’s recognition and exposure will grow at our events and there may also be potential new clients or customers!

Sponsorship benefits include:

- Sponsor logo on the education event announcement (paper and electronic)
- Sponsor name on the event details on the Chapter website
- Sponsor logo and name on display at the event
- One Sponsor representative to attend the event at no charge
- Recognition in the post-event coverage in the Chapter’s Blog

Pricing:

One event \$350 or Three events \$900

Only four program sponsors are allowed per education program
Sponsors are limited to three sponsorships in the program year (July – June)

To learn more about this opportunity contact Amy Poole, Chapter Manager, at 781-647- 4773 or office@ispeboston.org. If you are interested in signing up for the program, please complete the attached form and return to office@ispeboston.org or fax 781-647-7222. Sponsorships are offered on a first-come first-served basis. We look forward to hearing from you and working together to grow your company amongst the members of our organization!

Upcoming Events:

- July 11th Red Sox Game
- September 6th Boston Harbor Boat Cruise

Sponsorship Pledge: One Program for \$350 Three Programs for \$900

Name: _____

Company: _____

Tel: _____ Email: _____

Payment Type: Visa MasterCard AMEX Check (Payable to: ISPE Boston)

Card #: _____ Expiration Date: _____

Cardholder Name (as it appears on card): _____

Cardholder Signature: _____