



Serving All of New England

Are you looking to broaden your company's recruiting talent pool and visibly support diversity and inclusion in the pharmaceutical industry in the Boston area? If so, the ISPE Boston Area Chapter's Ethnocultural Diversity & Inclusion Initiative (ED&II) is 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 ED&II is focused on fostering diversity and inclusion within the broader ISPE community to represent and serve professionals of ethnically, racially and culturally diverse backgrounds.

Sponsoring one of our events would target the people who are active in networking and personal growth within the industry. Sponsorship will also allow your company to be a visible proponent of inclusion and talent diversity. Your company's recognition and exposure will grow at our events and you also may gain new clients or customers!

Sponsorship benefits include:

- Sponsor name on the event details on the Chapter website;
- Sponsor logo and name on display during the intro slides of the event;
- Sponsor name thanked during the closing remarks of the event;
- One sponsor representative to attend the event at no charge; and
- Recognition in the post-event coverage in the Chapter's Blog.

Pricing:

One event: \$250

To learn more about this opportunity contact the ISPE Boston Area Chapter office, 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. We look forward to hearing from you and working together to market your company amongst the members of our organization!

Upcoming Event:

- o **Wednesday, February 24, 2021 – Ethnocultural Diversity & Inclusion Kick-Off Event**

Sponsorship Pledge: **\$250 to sponsor the February 24th event**

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: _____