



International Pediatric  
Transplant Association

Please return this form to:

IPTA

Attn: Heather Petet

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## INTERNATIONAL PEDIATRIC TRANSPLANT ASSOCIATION SPONSORSHIP COMMITMENT FORM

**YES!** We want to support the IPTA through a corporate sponsorship contribution.  
We have indicated below the specific level of support our company would like to provide.

*(Please type or print clearly.)*

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

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Country Code \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**YES, WE WANT TO SUPPORT THE IPTA THROUGH A  
CORPORATE CONTRIBUTION IN THE AMOUNT OF:**

\_\_\_\_\_

### PLEASE CHECK METHOD OF PAYMENT BELOW:

Check enclosed (payable to IPTA) in the amount of \$

Please invoice me in the amount of \$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_