



Event Date: June 12, 2026

Sponsor Information

Organization Name: _____
Contact Name: _____
Title: _____
Phone: _____
Email: _____
Address: _____
City/State/Zip: _____

Sponsorship Details

Exhibitor Sponsorship - \$2,000

All Sponsorships Include:

- Organizational name recognition in approved event materials and on-site acknowledgements
- One designated exhibit space consisting of:
 - One 8' x 2' table
 - Two chairs
 - One trash receptacle
- Opportunity for professional interaction with providers and administrative staff in a group setting
- Display and distribution of compliance-approved informational materials only

Payment Method

Check Direct Deposit

Make checks payable to:

Spirit of Charity Foundation - Cancer Care Fund

Mail Payment To:

Spirit of Charity Foundation - Cancer Care Fund

Memo: UMC Cancer Center GI Conference

University Medical Center New Orleans

2000 Canal Street

New Orleans, LA 70112

Direct Deposit Information:

Account Number: 101421386

Routing Number: 265070435