

INTERNATIONAL ASSOCIATION OF PEDIATRIC FEEDING AND SWALLOWING

REQUEST FOR ORGANIZATIONAL SUPPORT

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BACKGROUND

The International Association of Pediatric Feeding and Swallowing (IAPFS) is a multidisciplinary group of professionals who have a particular interest in the care and treatment of children with disordered feeding and swallowing. To date, through a collaborative effort, professionals from multiple disciplines have joined together and now desire to form a professional organization

GOALS

To join together professionals interested in the feeding and swallowing problems of children into a single organization that will promote dialogue across the multiple specialties by creating a forum that will promote education and advanced treatment options for these children and their families.

To raise awareness among professionals and the public regarding the nature of feeding and swallowing problems and impacts on the wellbeing of children and their families through the publication of a scheduled newsletter and other media outlets.

To serve as the organizing body for a yearly international meeting to bring together members of the feeding and swallowing communities in a collaborative manner to advance the level of understanding of the field of pediatric feeding and swallowing problems.

To serve as a platform for advocacy geared towards governmental agencies and insurance companies to promote the understanding of the needs of the patients, families and the treatment community.

To serve as an environment both among members of the IAPFS and with other professional organizations to promote research into this field including the nature of feeding and swallowing disorders in children and the effect of treatment options.

REQUEST FOR SPONSORSHIP

It is the desire of the IAPFS that membership in the organization be available to anyone interested in the field of pediatric feeding and swallowing. This organization will include, but is not limited to, physicians, nurses, dietitians, occupational therapists, speech-language pathologists, psychologists, social workers and administrators.

Your organization is invited to participate as an Organizational Sponsor of the IAPFS. This offer is being made to you at the request of a member of your organization who believes in the mission and goals of the IAPFS.

Organizational Sponsorship of the IAPFS will make a significant statement in the healthcare of children and their families by supporting the development of this organization. As an Organizational Sponsor, you will set the IAPFS on its path to change lives.



SPONSORSHIP LEVELS

There are three levels of Organizational Sponsorship available to organizations; Platinum, Gold and Silver. Benefits of each level of sponsorship are as follows:



Platinum \$10,000

Institutional recognition and prominent logo on all IAPFS documents, website and social media for 5 years

5 annual memberships for the institution for 3 years (\$750 value including reduced conference registration)

Discounted conference booth for 5 years

Recognition at all events for 5 years



Gold \$5,000

Institutional recognition and logo on all IAPFS documents, website and social media for 3 years

3 annual memberships for the institution for 2 years (\$300 value including reduced conference registration)

Discounted conference booth for 3 years

Recognition at all events for 3 years



Silver \$1,000

Institutional recognition and name on all IAPFS documents for 1 year

1 annual membership for the institution for 1 year (\$50 value including reduced conference registration)

Recognition at all events for 1 year

An IAPFS Executive Council member will be happy to discuss more details regarding our goals and objectives of the IAPFS as well as the donation level for your organization.

Thank you in advance for your consideration and support of this organization. It is our hope to change the world of children and their families one spoonful at a time.

SHERRI S. COHEN
PRESIDENT
INTERNATIONAL ASSOCIATION OF
PEDIATRIC FEEDING AND SWALLOWING

International Association of Pediatric Feeding and Swallowing (IAPFS) ORGANIZATIONAL SPONSORSHIP FORM

Company: _____

Contact Name: _____ Discipline/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Total Amount: _____

- ☐ Check (made payable to IAPFS)
☐ Visa ☐ MasterCard
☐ Discover ☐ American Express

Level of Sponsorship	
Platinum - \$10,000	<input type="checkbox"/>
Gold - \$5,000	<input type="checkbox"/>
Silver - \$1,000	<input type="checkbox"/>

Credit Card Number: _____ Expiration Date: _____

Print Name as it appears on credit card: _____

Signature: _____ Date: _____

Contact for Annual Memberships and Conference Registration

Name: _____

Phone: _____

Email: _____

Contact for Logo and Conference Booth

Name: _____

Phone: _____

Email: _____

Return Form to:

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