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| **Organization** **Name**  |  **Date:** |
| **Mailing address** | Street |
|  | City/State/Zip/Country |
| **Primary Contact** | Name/Title |
|  | Email address |
| **Primary Contact Mailing Address**  | Street City/State/Zip/Country (If different) |
|  | Telephone Mobile |
| **Profession/Discipline**(Check all that apply) | \_\_ Animal Science \_\_ Architecture/Design \_\_ Biological Engineering \_\_ Business/Commerce\_\_ Chemistry \_\_ Communications/Media \_\_ Ecology/Wildlife \_\_ Environmental Science\_\_ Engineering \_\_ Genetics \_\_ Human Medical Science \_\_ Human Science \_\_ Nutrition/Wellness\_\_ Informatics \_\_ Physics\_\_ Plant Science ­­\_\_ Public Health \_\_ Social Science \_\_ Transportation\_\_ Veterinary Medical Science \_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sponsorship Level for Year \_\_\_2022\_\_\_\_\_\_** | \_\_\_\_ **Vanguard**/$10,000 + \_\_\_\_ **Leader**/$5,000 \_\_\_\_ **Promoter**/$2,500 \_\_\_\_\_ **Supporter**/$1,000  \_\_\_\_ Other Amount \_\_\_\_\_\_\_\_\_\_\_ OHC Activity/Webpage(s) on which to display your logo as a sponsor. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Payment Information** | \_\_ Check enclosed (Please make payable to “One Health Commission”)\_\_ Institutional Purchase Order Needed (Please include instructions for where to send Invoice) \_\_ Donating via PayPal on Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PayPal fees will be deducted) |
| **Areas of Expertise** **for Working Groups**(Check all that apply) | \_\_Antimicrobial Resistance\_\_Chronic Diseases (i.e. cancer, obesity, etc)\_\_Communications and Outreach\_\_Disaster Preparedness and Response\_\_Ecosystem Health (wildlife, environment)\_\_Environmental Agents (Detection/Response)\_\_Food Safety and Security\_\_Human-Animal Bond | \_\_Infectious Diseases (surveillance, prevention, response)\_\_Interdisciplinary Education and Training\_\_Interdisciplinary Research (basic and translational)\_\_ Plants\_\_Public Policy and Regulation\_\_Water Safety and Security (Diseases and Supply)\_\_Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Contact***Will receive newsletter and other notices- please encourage others to add themselves to listserv* <https://tinyurl.com/OHC-OH-CommListserv> | Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Contact** | Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Mail form and payment to: **One Health Commission, P.O. Box 972, Apex, North Carolina, 27502**

Or Mail this registration form then Donate online at <https://goo.gl/EWp7Yk>

Questions? Call 984-500-8093 or email cstroud@onehealthcommission.org