



Stealth BioTherapeutics (Stealth)  
140 Kendrick Street, Building C – West  
Needham, MA 02494  
Phone: (617) 600-6888

## Sponsorship Request Form

### REQUESTING ORGANIZATION

Name:

Address:

City:

State:

Country:

Zip Code:

Tax ID#:

Tax Status:

### PERSON OF CONTACT

Name:

Address:

City:

State:

Country:

Zip Code:

Email:

Phone:

Fax:

PROGRAM OVERVIEW

Program/Event Title:

Program/Event Location:

Venue Name:

Program/Event Date(s):

Program/Event Time:

Target Audience:

Estimated Number of Attendees:

Please provide information about rationale for the estimated number.

Please provide details about the planned audience recruitment process.

Sponsorship Amount Requested from Stealth:

Will there be other commercial supporters of this program?

YES

NO

Total Funding Needed for Program:

Are Stealth representatives able to attend this program?

YES

NO

## PROGRAM DETAILS

Program/Event Description:

Agenda:

Outline supporter acknowledgment opportunities (including ad in event booklet, etc.)

Email completed forms to: **Sponsorship@StealthBT.com**

Please attach a W-9, W-8 or W-8BEN-E and any other additional information.