**Individual Sponsorship Registration**

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| --- | --- |
| **Name** |  **Date:** |
| **Salutation (choose)** | Ms, Mrs, Mr, Dr, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mailing address** | Street |
|  | City/State/Zip/Country |
| **Telephone** | Office: Mobile: |
| **Email address** |  |
| **Organizational / Academic Affiliation** |  |
| **Domain / Discipline**(Check all that apply) | \_\_\_\_\_\_\_ Animal \_\_\_\_\_\_ Environmental \_\_\_\_\_\_\_ Human \_\_\_\_\_\_\_ Plant Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sponsorship Level** **Year of Sponsorship****\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_ **Leader**/$500 (Council of Advisors\*) \_\_ **Promoter**/$250 \_\_ **Supporter**/$100 \_\_ **Student**/$25 |
| **If supporting at Leader Level, do you want to serve on the Council of Advisors? (subject to board approval)****Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_** | **Credentials:** **Email:****Phone number:**  |
| **Payment Information** | \_\_\_\_\_\_\_ Check enclosed (Please make payable to “One Health Commission”)\_\_\_\_\_\_\_\_ Doing online Registration at  <https://www.onehealthcommission.org/en/sponsorship/individual_sponsorship/> |
| **OHC Activity Teams of interest** | \_\_\_ Communications Team\_\_\_ OH Case Narratives\_\_\_ OHC Website Support Team\_\_\_OH Student Conferences | \_\_\_ One Health Library Team\_\_\_ International Webinars\_\_\_ National OH Educational Webinars\_\_\_ Other suggestion (Contact us with ideas) |
| **Areas of Expertise to support OHC efforts** | \_\_\_ Antimicrobial Resistance\_\_\_ Chronic Diseases (i.e. cancer, obesity, etc)\_\_\_ Disaster Preparedness and Response\_\_\_ Ecosystem Health (wildlife, plants, and environment) \_\_\_ Environmental Agents (Detection and Response)\_\_\_ Food Safety and Security | \_\_\_ Human-Animal Bond (enhancing physical and mental health)\_\_\_ Infectious Diseases (surveillance, prevention, and response)\_\_\_ Interdisciplinary Research (basic and translational)\_\_\_ Public Policy and Regulation\_\_\_ Water Safety and Security (Diseases and Supply)\_\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Or complete online registration at [www.onehealthcommission.org](http://www.onehealthcommission.org) [Individual Sponsorship](https://www.onehealthcommission.org/en/sponsorship/individual_sponsorship/)

Questions? Call 984-500-8593 or email ohc@onehealthcommission.org