

**Individual**

**Donation / Sponsorship Registration**

|  |  |  |
| --- | --- | --- |
| **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 984-500-8093 or email [cstroud@onehealthcommission.org](mailto:cstroud@onehealthcommission.org)