

# 2026 Sponsorship Form

Sponsor Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media Handle/s: \_\_\_\_\_

Name to be listed publicly: \_\_\_\_\_

*Please PRINT sponsor name exactly as it should appear on all event materials.*

Check here to remain anonymous.

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant Name: \_\_\_\_\_

Assistant Email: \_\_\_\_\_

**I/we are pleased to sponsor the  
Biomedical Science Careers Program  
at the following level:**

- Hope Visionary: \$100,000+
- Lead Sponsor: \$50,000
- Anniversary Sponsor: \$35,000
- Benefactor Sponsor: \$25,000
- Advocate Sponsor: \$15,000
- Supporter Sponsor: \$10,000
- Sponsor: \$5,000
- Patron: \$3,000

**How would you like to pay for  
your sponsorship?**

- Check enclosed payable to BSCP
- Check will be sent via DAF
- Please send me an invoice

**Please return your completed form by email  
to [Christine\\_Stellar@hms.harvard.edu](mailto:Christine_Stellar@hms.harvard.edu)  
with the subject line "Sponsorship 2026."**

**You can also send your completed  
form by mail to:**

Biomedical Science Careers Program  
164 Longwood Avenue, 2nd floor  
Boston, MA 02115

*Thank you for  
your support!*