



CORPORATE SPONSORSHIP

Application



Selection Annual Sponsorship

_____ **Corporate Enterprise (to include Hospitals and Medical Centers)**

**Sponsor ten (10) caregivers' cost to take their initial exam
Make payment to Brenda Nelson-Porter**

_____ **Professional Association/Foundation**

Donate to the Firm an annual membership @ no cost: Discount Code: _____
Donate to five (5) caregivers or other professionals who pass the examination an associate membership for one year @ no cost: Discount Code: _____

_____ **Home Healthcare Supplier**

Donate to the Firm caregiver supplies @ no cost: Discount Code: _____
Donate to five (5) caregivers or other professionals who pass the examination "various" supplies to fill their tub: Discount Code: _____

_____ **Medical University & Research Institution**

**Sponsor ten (10) caregivers' cost to pay for their labs (\$250 each)
Make payment to Brenda Nelson-Porter**

Sponsor Name: _____ Phone: _____

**All Sponsors' logo will appear on the CareTUG*Caregiver™ exam webpage
under the selected sponsorship hyperlinked to their website**

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770-365-7577

CareTUG*Caregivers™ ~ Designation Program ~ Brigette's Natural Healthcare Research and Laboratory Division