

Professional Baseball Athletic Trainers Society of Major League Baseball (PBATS) Champion Opportunity



The PBATS program is a partnership between the USBLN® and the Professional Baseball Athletic Trainers Society of Major League Baseball (PBATS). PBATS has undertaken an aggressive national communications program, entitled "Ability Transcends Challenges," which uses illustrations from baseball to demonstrate that people with disabilities can be a significant engine in the economy of our country, if given the opportunity...just as baseball players with disabilities have played a significant role in the game of baseball.

The USBLN® is excited to present an exclusive opportunity for companies to be recognized as a Professional Baseball Athletic Trainers Society of Major League Baseball (PBATS) Program Champion. Status as a Champion is a one-time opportunity.

\$25,000
per year based
on a two year
commitment
(\$50,000 Total)

**PBATS
PROGRAM
CHAMPION**

By participating as a PBATS Program Champion, your company will be positioned as one that supports disability inclusion in Corporate America. Annual Benefits include:

- Branding as PBATS Program Champion on the USBLN® website (company logo and link to website)
- PBATS print and video materials will be offered to the company for internal use
- Advertising space on PBATS.com, the largest baseball athletic training organization in the United States
- PBATS.com would recognize each contributing organization with individual articles
- Each supporting organization would receive four hosted premium tickets for a Major League Baseball Game, including pre-game on-field opportunity to watch batting practice with a Major League Baseball athletic trainer at any one of the 30 Major League ballparks
- Corporate welcome on scoreboard
- Private tour for four people of the National Baseball Hall of Fame and Museum in Cooperstown, NY
- A motivational speech by a program spokesman for a corporate event and the opportunity to have one of the program's spokespeople appear at a greatly reduced rate
- Use of PBATS logo on corporate advertising
- Invitations to the MLB Winter Meetings for dinner and recognition ceremony with the PBATS executive board
- Four VIP Spring Training passes to either Florida or Arizona based spring training complexes

2014 PBATS Program Champion Opportunity Application

**RETURN FORM VIA: FAX TO CAMI TURCOTTE: (800) 706-1335 | PRINT, SCAN & EMAIL: CAMI@USBLN.ORG
PHONE: (800) 706-2710**

Thank you for your interest in this exclusive offer to become a Professional Baseball Athletic Trainers Society (PBATS) Program Champion. Companies who join as a Champion are helping the USBLN® support the PBATS “Ability Transcends Challenges” program. Status as a Champion is a one-time opportunity. If you have any questions, please contact Sam Radbil, The Romano Group, LLC, at sam@theromanogroup.com. Complete this form and fax the application pages only to (800) 706-1335 or print, scan and email to cam@usbln.org. Your application is a nonrefundable commitment and benefits begin to accrue immediately upon receipt by the USBLN®. Your contribution may be tax deductible. Please consult your tax advisor.

On behalf of my company, please accept our application as a PBATS Program Champion:

BILLING INFORMATION:

(Please choose either two \$25,000 annual payments or a one-time \$50,000 payment)

- ☐ Two \$25,000 annual payments (2014 and 2015)
- ☐ One-time \$50,000 payment for two year commitment (2014 through 2015)

TOTAL AMOUNT TO BE INVOICED: _____

Name: _____

Title: _____

Company (as it should appear in print): _____

Address: _____

City/State/Zip: _____

Primary Contact – Name/Title: _____

Phone: _____ Email: _____

Alternate Contact – Name/Title: _____

Phone: _____ Email: _____

Accounting/Billing Contact – Name/Title: _____

Phone: _____ Email: _____

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PAYMENT INFORMATION:

☐ Direct Deposit ☐ Please invoice Include Purchase Order # (if applicable): _____

Charge to: ☐  ☐  ☐ 

A 4% credit card handling fee will be added to the total.

Credit Card No: _____ Exp Date: _____
(mm/yyyy)

Billing Name as it appears on the Card: _____

Billing Name/Address (if different from above): _____

City/State/Zip: _____