



LANE COUNTY MEDICAL SOCIETY

990 W 7th Ave, Eugene, OR 97402

Tel: 541-686-0995 Fax: 541-687-1554 Email: info@lcmesociety.com

2018 Society Meeting Sponsorship Contract

Company: _____

Contact: _____ Telephone: _____

Names of Sponsors attending _____

Billing Address: _____

City, State, Zip: _____

Email: _____ Fax: _____

Meeting Sponsorship Includes

2018 LCMS MEETING DATES:

- ___ Friday, Jan. 19
- ___ Thursday, March 8
- ___ Thursday, May 17
- ___ Vineyard Event, Aug 19
- ___ Thursday, Dec 6

- Sponsors receive LCMS Magazine recognition and on digital and print meeting announcements. Submit logo with contract
- Attendance during the social and dinner meeting
- 6-foot skirted display table (except at Social Events)
- Acknowledgement from the podium by the LCMS President
- Acknowledgement on the LCMS Website
- The unique opportunity to promote your business to this highly valued niche audience of physicians and health care professionals

Payment Instructions:

-Please use credit card, or make checks payable to:
Lane County Medical Society. Tax ID#: 93-0562411

Sponsorship per meeting \$675.00

Number of Meetings x _____

Total Due _____

-Payment and digital logo due 30 days prior to meeting date.

CREDIT CARD PAYMENT
Visa or MasterCard

Account Number _____
Expiration Date _____
Month/Year

Amount \$ _____

Cardholder Signature _____

Please sign and return. Thank you.

Print name

Signature

Date