



LANE COUNTY MEDICAL SOCIETY

PO Box 7192, Springfield, OR 97475
Tel: 541-686-0995 Fax: 541-687-1554 Email: info@lcmesociety.com

2019 Society Meeting Sponsorship Contract

Company: _____

Contact: _____ Telephone: _____

Names of Sponsors attending _____

Billing Address: _____

City, State, Zip: _____

Email: _____ Fax: _____

2019 LCMS MEETING DATES:

- ~~___~~ Wednesday, March 13
- ~~___~~ Wednesday, April 10
- ~~___~~ Wednesday, May 8
- ~~___~~ Wednesday, July 10
- ~~___~~ Wednesday, Aug 14
- Full Wednesday, Sep 11
- Full Wednesday, Oct 9
- Full Wednesday, Nov 13

Meeting Sponsorship Includes:

- Sponsors receive LCMS Magazine recognition and on digital and print meeting announcements. Submit logo with contract
- Attendance at meeting/social for up to two representatives
- 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 **\$300.00**

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