



LANE COUNTY MEDICAL SOCIETY

990 W. 7th Ave. Eugene, OR 97402

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

2017 Society Meeting Sponsorship Contract

Sponsor space is limited and secured by this contract on a first come, first served basis
Society Meetings will be held at the Downtown Athletic Club

Company: _____

Contact: _____ Telephone: _____

Names of Sponsors attending _____

Billing Address: _____

City, State, Zip: _____

Email: _____ Fax: _____

Meeting Sponsorship Includes

2017 LCMS MEETING DATES:

- ___ Wednesday, Jan. 11
- ___ Wednesday, March 1
- ___ Wednesday, May 3
- ___ Wednesday, Sept. 13
- ___ Wednesday, Nov. 1

- Sponsors receive LCMS Newsletter front page 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 September meetings where small tables are available)
- 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*