

2019 ISMS Annual Meeting Sponsorship Application

It is recommended that you save this document before using the "send" button. Some web browsers do not support this function.

| | | | |
|------------|-----------|-------|-----|
| First Name | Last Name | | |
| Title | Company | | |
| Address | City | State | Zip |
| Phone | Fax | | |
| E-mail | Web site | | |

Individual Sponsorships

| Sponsorship Opportunities | Please ✓ |
|--|--------------------|
| Legacy – President's Night Cocktail Reception | \$6,000 |
| Diamond – Welcome Reception | \$5,000 |
| Diamond – Saturday Networking Breakfast | \$4,000 |
| Gold – Hydration Station | \$3,500 |
| Gold – Mobile App | \$3,000 |
| Gold – Charging Station | \$3,000 |
| Silver – 5K Run/Walk | \$2,000 |
| Silver – Tote Bag | \$2,000 |
| Exhibitor – Standard Rate | \$900 |
| Exhibitor – Early Bird (must submit application before January 7, 2019) | \$750 |

Send to:
Felicia Robinson
 Illinois State Medical Society
 20 N. Michigan Avenue
 Suite 700
 Chicago, Illinois 60602
 Fax: 312-782-2023
 Email: feliciarobinson@isms.org

Payment Method:



Check*

Name as it appears on credit card

Card Number

Exp. Date

CVV code

Signature

Grand Total Charged

QUESTIONS? Contact Felicia Robinson at (312) 853-1625 or feliciarobinson@isms.org

*If paying by check, make check payable to: **Illinois State Medical Society**
 20 N. Michigan Avenue, Suite 700
 Chicago, Illinois 60602
 Attn: Felicia Robinson