

Agreement to Sponsorship of MCMS Membership Meeting
Please fax back at 941/753-1399

This is to confirm that the company: _____ will sponsor the Manatee County's Membership Meeting for the month of: _____, and the year of: _____ for \$1,500.00.

Please sign below as your agreement to the above arrangement and fax back at (941) 753-1399. For questions, please contact Liz Gatlin at (941) 755-3411.

Signature: _____

Print Name: _____

Date: _____

Phone number where
you may be reached: _____

Please **PRINT** information about you and your company so we may accurately display your information on our marketing materials.

Sponsoring company's name as it should appear on all marketing materials:

Sponsoring company's web address so we may link it to our site (www.manateemed.org)

Please indicate here any information you would like to include on marketing materials, such as fax, phone, email, mission statement, etc. We try to accommodate the sponsor's needs and include as much information as space will allow.

Please fax back to the Manatee County Medical Society at (941) 753-1399. Thank you.