



MEETING SPONSOR FORM

Exhibitor Table

6:30pm cocktail – 7:00 meeting
Mission Inn, Howey-in-the-Hills, Florida

Company Name: _____

Address: _____

Contact Person: _____ Position: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

This invoice is for exhibitor space at the _____ (Date) Membership Meeting.

Included in the sponsorship:

- One 6' display table
- 1 guest dinner ticket (\$25 for each additional dinner)
- Lake-Sumter Medical Society will include your company logo in all meeting advertising
- Do you require electricity? _____

Cost - \$250

Payment type: Check (enclosed) _____ Credit Card:

Please scan/email to frontdesk@lakesumter.org
or fax to 352-742-9910.

Mail payment to LSMS, P. O. Box 1578, Mt. Dora 32756

Signature: _____

Date: _____

Visa – MC – AMEX – Discover
Name on card: _____
Billing Zip Code: _____

Expires: _____
Security Code: _____
Phone _____
Email _____

Thank You for Your Support of Organized Medicine.

Lake-Sumter Medical Society • P.O. Box 1578 • Mount Dora, FL 32756
PH 352-742-9902 • FAX 352-742-9910 • frontdesk@lakesumter.org