



MEETING SPONSOR FORM

Lunch & Learn

Company Name: _____

Address: _____

Contact Person: _____ Position: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

*This event is for **Practice Managers** and/or other representatives from medical practices.*

Event date: _____ Time: 11:30am – 1:30pm

Location: _____

Included in the sponsorship:

- 10 minute presentation at the beginning of the meeting, followed by Q&A
- One 6' Display table
- Lunch for company representatives
- 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.

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

Signature: _____

Date: _____

<p>Visa – MC – AMEX – Discover Name on card: _____ Billing Zip Code: _____ # _____ Expires: _____ Security Code: _____ Phone _____ Email _____</p>

Please mail this form with a check payable to Lake-Sumter Medical Society to the address listed below.

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