



# MEETING SPONSOR FORM

## Membership Meeting

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 sponsorship of the \_\_\_\_\_ Membership Meeting.  
(Date)

Included in the sponsorship:

- 5 minute presentation at the beginning of the meeting, followed by Q&A
- One 6' Display table
- 3 Guest Dinner Tickets
- Lake-Sumter Medical Society will include your company logo in all meeting advertising

○ Do you require electricity? \_\_\_\_\_

**Cost - \$1,000**

**Payment type:** Check (enclosed) \_\_\_\_\_ **Credit Card:**

Please scan/email to [frontdesk@lakesumter.org](mailto:frontdesk@lakesumter.org)

Or fax to 352-742-9910.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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