



Sponsorship/Exhibitor Agreement

Yes, we want to participate as a partner!
____2024 (remaining months of 2023 no charge))

- ____ Strategic Partner (\$6,000)
- ____ Business Partner (\$3,000)
- ____ Resource Partner (\$1,500)

Organization information

Organization Name (as it should be listed) _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Website: _____

Twitter Handle: _____ Facebook: _____

Name of Person(s) attending in person events _____

Payment Instructions

(MCMS prefers a check so that all of the fees go toward advancing our mission)

____By check in the amount of \$_____ (made payable to Montgomery County Medical Society)

____By credit card (circle one) VISA MC

Credit Card#: _____ Expiration Date _____

Security Code: _____ Billing Zip Code: _____

Name on Card (Print) _____

Signature: _____

Note: Please forward the completed agreement and payment to Susan D’Antoni at sdantoni@montgomerymedicine.org. Two physician references (preferably members of MCMS) must be provided prior to the partnership agreement being approved by the MCMS Board. These can be sent via email or direct mail to Susan D’Antoni at sdantoni@montgomerymedicine.org.

This agreement must be approved prior to participation. No portion of the sponsorship/exhibitor fee will be refunded. MCMS reserves the right to cancel any event due to anticipated low attendance and/or changing physician and practice needs. Every effort will be made to provide additional opportunities to the sponsoring organization equivalent to the exposure anticipated.

Questions? Call MCMS at 301.921.4300. Please email this completed for to MCMS at sdantoni@montgomerymedicine.org. If paying by check mail to MCMS, 15855 Crabbs Branch Way, Rockville, MD 20855.