



Yes, we want to participate as a partner!

___ Strategic Partner (\$6,000)

___ Business Partner (\$4,000)

___ Resource Partner (\$2,000)

Business/Organization Information

Business/Organization Name (as it should be listed):

Contact Person: _____

Address: _____

City: _____ ST _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Name of Person(s) attending in-person events: _____

Payment Instructions

(MCMS prefers payment by 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 AMEX

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 to be 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 form to MCMS at sdantoni@montgomerymedicine.org. If paying by check, please mail it to MCMS, 15855 Crabbs Branch Way, Rockville, MD 20855.