

**NEBRASKA MEDICAL ASSOCIATION
2017 ANNUAL SESSION AND HOUSE OF DELEGATES MEETING
FRIDAY, SEPTEMBER 8, 2017 ~ EMBASSY SUITES HOTEL, LINCOLN, NE**

Commercial Supporter Agreement

****Complete and return to Sam Stinson, samuels@nebmed.org / 402-474-2198 (Fax) [by May 5, 2017](#)**

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

_____ (*insert Company's name*) agrees to provide an unrestricted commercial support grant for the 2017 Nebraska Medical Association's Annual Session and House of Delegates meeting being held on Friday, September 8, 2017 in Lincoln, NE at the Embassy Suites Hotel for the amount of: \$ _____

_____ **Check Enclosed**

_____ **Check Will Be Mailed**

Please remit payment to:
Nebraska Medical Association
2017 Annual Session & House of Delegates Meeting
233 S. 13th Street, Suite 1200
Lincoln, NE 68508

_____ **Please Charge My Credit Card**

_____ AMEX _____ Discover _____ MasterCard _____ Visa

Card No: _____ Exp Date: _____

Name on Card: _____

NMA's Federal tax identification number is: **47-0372108**

As a Commercial Supporter of the Nebraska Medical Association's 2017 Annual Session and House of Delegates Meeting, our Company **WILL NOT** have a display booth (*please complete sections A & C and return to the NMA **by May 5, 2017***).

As a Commercial Supporter of the Nebraska Medical Association's 2017 Annual Session and House of Delegates Meeting, our Company **WILL** have a display booth (*please complete sections A, B and C and return to the NMA **by May 5, 2017***).

**Additional details regarding the display booth will be mailed at a later date.

Sponsor Submission Deadlines:

Logos – Submit to Carole at caroleb@nebmed.org **by June 1, 2017**

Ads – Submit to Carole at caroleb@nebmed.org **by June 1, 2017**

Attendee Packet Marketing Materials – Submit to NMA office **by September 1, 2017**

Please complete both pages of this agreement form and return [by May 5, 2017](#) to:

Sam Stinson

Nebraska Medical Association
233 S. 13th Street, Suite 1200
Lincoln, NE 68508

Telephone: 402-474-4472

Email: samuels@nebmed.org

Fax: 402-474-2198

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A1.

Company Name *(please print how you would like it listed on the registration/on-site materials)*

Company Contact Name *(printed)*

Company Contact Signature

Company Contact Mailing Address *(street, city, state, zip code)*

Company Contact

Telephone

Fax

Email

B1.

* **Display Booth Representative #1** - Name *(please print how you would like it to appear on your badge)*

Representative Mailing Address *(street, city, state, zip code)*

Display Booth Representative

Telephone

Fax

Email

* **Display Booth Representative #2** - Name *(please print how you would like it to appear on your badge)*

Representative Mailing Address *(street, city, state, zip code)*

Display Booth Representative

Telephone

Fax

Email

B2. The following will be needed for the display booth:

_____ Skirted Table _____ Electrical Outlet _____ 2 Chairs

_____ Additional Needs *(please list)*: _____

C.

Representative Name *(printed)*

Signature

Date

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Sponsor Name

Inaugural Dinner Guest List

Please check the level of sponsorship and list guests whom will be attending the Inaugural Dinner

- Platinum** (\$10,000+) up to 10 tickets
- Gold** (\$7,500 - \$9,999) up to 8 tickets
- Silver** (\$4,500 - \$7,499) up to 4 tickets
- Bronze** (\$3,000 - \$4,499) up to 2 tickets
- Commercial Supporter** (\$1,500 - \$2,999) 1 ticket

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please complete and return to **Sam Stinson** by **September 1, 2017**:

Samuels@nebmed.org

402-474-4472 (Phone) / 402-474-2198 (Fax)