

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

**Table Sponsorship**

**\*\*Complete and return to Sam Stinson, [samuels@nebmed.org](mailto:samuels@nebmed.org) / 402-474-2198 (Fax)**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

*(insert Company's name)* agrees to provide an

\_\_\_\_\_ unrestricted table sponsorship grant for the 2017 Nebraska Medical Association's Inaugural Banquet 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. 13<sup>th</sup> 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**

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**Inaugural Dinner Guest List**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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

[Samuels@nebmed.org](mailto:Samuels@nebmed.org)

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