



Sponsorship Contract

**Tennessee Osteopathic Medical Association
112th Annual Osteopathic Medical Convention
& Scientific Seminar
May 19 – 23, 2010**

Please print or type:

Company Name: _____
as it should appear in conference materials

Company Representative: _____
(individual submitting contract)

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Country** _____

Phone _____ **Fax** _____ **Email** _____

Signature

Date

SPONSORSHIP OPTIONS

Please indicate which event(s) you will be sponsoring:

- Speaker \$2,500
- Welcome Reception \$3,000 (Thurs)
- Continental Breakfast \$1,500 (each - Fri/Sat/Sun)
- Lunch/TOMA Business Mtg. \$2,500 (Fri)
- Awards Banquet \$3,500 (Sat)
- Proceedings \$1,500

Total Amount of Sponsorship: \$ _____

**TOMA Fed ID #
62-6042944**

Payment Options

Check (*payable to TOMA*) Visa MasterCard

Credit Card Number _____

Expiration Date _____

Billing Address: _____

Signature _____

Please send payment and contract to:

TOMA
618 Church Street, Suite 220
Nashville, TN 37219

For additional information, contact
Penny Kiel
615/477-0414
Fax: 615/254-7047
pkiel@xmi-amc.com

Office Use Only: DA _____ A _____ C _____