

Sponsor Contract/Exhibitor Registration Form

Please meet with Elena Rios on details for Sponsorships and Exhibits (erios@nhmamd.org) before submitting this form for payment to jduvall@nhmamd.org

Contact Information:

Company _____

Main Contact person _____ Title _____

Phone _____ Email _____

Contact person for Expo _____ Title _____

Phone _____ Email _____

Company Address _____

City _____ State _____ Zipcode _____

Name of Representatives Attending Conference

Name _____ Email _____

Name _____ Email _____

Payment Information- National Hispanic Medical Association Tax ID#: 52-1884446

Circle which of the following you are supporting:

Overall Conference Gala Reception Exhibit Booth Advertisement

Other _____

Level of Sponsorship \$ _____

Enclosed is a check for \$ _____ or Charge my credit card:

MC __ Visa __ AMEX __ for \$ _____ Card # _____

Expiration Date _____ Security Code _____

Name on Card _____

Full Billing Address _____



Phone Number _____

Email Address _____

Signature of Main Contact for Company/ Sponsor: _____ (Signature)

_____ (Print Name)