

# SPONSORSHIP SPACE COMMITMENT

## *Electronic News*

Made this \_\_\_\_ day of \_\_\_\_, 2016 by and between Capital Medical Society &

Sponsor Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Rate (per month) \_\_\_\_\_

January \_\_\_\_\_ April \_\_\_\_\_ July \_\_\_\_\_ October \_\_\_\_\_

February \_\_\_\_\_ May \_\_\_\_\_ August \_\_\_\_\_ November \_\_\_\_\_

March \_\_\_\_\_ June \_\_\_\_\_ September \_\_\_\_\_ December \_\_\_\_\_

Agency \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby authorizes and directs the Capital Medical Society to publish the sponsorship specified above and pursuant to terms and conditions set forth.

\_\_\_\_\_  
Authorized Signature/Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sponsorship Sales Rep.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Confirmed and accepted by the Capital Medical Society by: \_\_\_\_\_