

LAMA SPONSORSHIPS



Annual Sponsorship Opportunities

All Annual Sponsorships are for 12 months.

PLATINUM ANNUAL SPONSOR

\$10,000

- Thank you and recognition from LAMA President at all events
- Company Logo on all LAMA promotional efforts and materials
- Company Logo on all LAMA Newsletters
- Company Logo on LAMA Website
- Invitation to all events with 1 free entry per event
- 2 Minutes to Address Attendees at all events
- Company Logo in Gala Program
- 4 Tickets to Annual Gala

GOLD ANNUAL SPONSOR

\$5,000

- Company logo on LAMA promotional efforts and materials
- Company Logo on all LAMA Newsletters
- Company logo on LAMA Website
- Invitation for 1 person to attend two events for free
- 2 Tickets to Annual GALA

SILVER ANNUAL SPONSOR

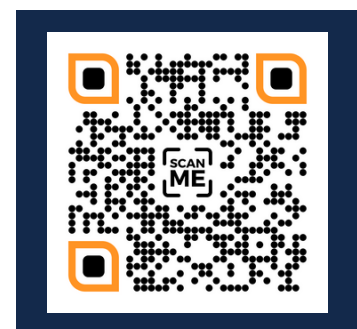
\$2,500

- Name listing on all LAMA promotional efforts and materials
- Name listing on LAMA Website
- Invitation for 1 person to attend one event for free
- 1 Ticket to Annual GALA

LAMA is a 501(c)3 organization. Our tax ID is: 30-1399580

Scan the QR code and make a donation of any kind to support LAMA.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.



THANK YOU FOR YOUR SUPPORT!

SPONSORSHIP FORM

LAMA



Business Name :

Tag Line :

Address :

Suite # : **State:**

City : **Zip code :**

Phone :

Practice Name :

Website :

Sponsorship Level:

☐ **Sponsorship Description Attached**

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize LAMA to charge my credit card \$_____ for a _____ sponsorship.

Customer Signature

Date

Make checks out to Latin American Medical Association and mail to 200 3rd Ave. W., Suite 100, Bradenton, FL 34205

THANK YOU FOR YOUR SUPPORT