



Michigan Academy of Sleep Medicine

Annual Fall Conference

October 5th & 6th, 2018

Exhibitor Contact Information

Your Organization Name _____

Main Contact Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email Address _____

Onsite Contact Person _____

Title _____

Phone _____ Email _____

Sponsorship Levels for this meeting:

- _____ \$500 – Exhibit - 1 table (Exhibitor Level 1)
- _____ \$1,000 - Exhibit – 2 tables (Exhibitor Level 2)
- _____ \$1,000 - Advertise – 1 Break Session only; exhibit space not included – (Exhibitor Level 3)
- _____ \$1,200 - Exhibit - 1 table and an Unrestricted Educational Grant (Exhibitor Level 4)
- _____ \$1,500 - Exhibit - 1 table and Sponsor a Break (Online – Exhibitor Level 5)
- _____ \$2,000 - Exhibit 1 table and Sponsor Lunch (Online – Exhibitor Level 6)
- _____ \$5,000 - Sponsor a Dinner, includes a table (Online – Executive Sponsorship)

Enclosed is a check for \$_____ . You may register and pay online at masmnet.org

You may mail a check or you may charge the fee in advance by faxing this completed form to **(313) 874-1366**:

____ MasterCard ____ VISA ____ AMEX

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Please return completed signed contract and payment to:

Michigan Academy of Sleep Medicine

Attn: Karen Carter

3031 West Grand Blvd., Ste #645, Detroit, MI 48202

Email: kcarter@wcmssm.org

Phone (313) 874-1360, #303

Fax (313) 874-1366